

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of Sharon
 or
 City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

FILE NO. **30663**

Registration District No. 4405 Registered No. 111
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Hefner Ferguson if child is not yet named, supplemental report

(3) BOY OR GIRL Boy (4) Twin or Triplet L (5) Number in order of birth 3 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 20 1945
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel James Ferguson

(9) PRESENT RESIDENCE OF FATHER Sharon, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 71
 (Year)

(12) BIRTHPLACE S. Carolina

(13) OCCUPATION Sales. Steel

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Aqua Ethel Meloney

(15) PRESENT RESIDENCE OF MOTHER Sharon, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
 (Year)

(18) BIRTHPLACE S. Carolina

(19) OCCUPATION House - work

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 6:45 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Charles O. Burgess

(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Sharon, S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed Sept 25 1945 (27) Legal Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.