

CERTIFICATE OF BIRTH

State of North Carolina
 Department of Health
 State Board of Health

8000

Registration District No. 703

Registration No. 11
 (For use of Local Registrar)

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

Full Name of Child John Edgar Ferguson

Sex Male Age 2 Race White Date of Birth Feb 13, 1923

FATHER
 Name John Edgar Ferguson
 Address Charlotte
 Color White (11) Age at Birth 34
 Birthplace Charlotte SC
 Occupation Farmer
 Number of children born to mother, including present birth 1

MOTHER
 Name Betty Sutton
 Address Oakley
 Color White (12) Age at Birth 20
 Birthplace Oakley SC
 Occupation Farmer
 Number of children of this mother born 1

CERTIFICATE OF ATTENDING PHYSICIAN

I hereby certify that I attended the birth of this child, who was born on the date above stated.

Signature of Physician

State of North Carolina

County of Wake

City of Raleigh

State of North Carolina

County of Wake

City of Raleigh