

## (1) PLACE OF BIRTH

County of *Spartanburg*Township of *Woodruff*Inc. Town of *Woodruff*City of *Woodruff*

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

87340

Registration District No. *4013* Registered No. *65*

(For use of Local Registrar)

## (2) Full Name of Child

*Ruth Elma Ferguson*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>g</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Nov. 25, 1916</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Reuben Ferguson</i>			(14) NAME BEFORE MARRIAGE <i>Carrie Law Wilburn</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Woodruff S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Woodruff S.C.</i>	
(10) COLOR OR RACE <i>W.C.</i>	(11) AGE AT LAST BIRTHDAY <i>27</i> (Years)	(16) COLOR OR RACE <i>W.C.</i>	(17) AGE AT LAST BIRTHDAY <i>23</i> (Years)	
(12) BIRTHPLACE <i>Spartanburg Co.</i>			(18) BIRTHPLACE <i>Spartanburg Co.</i>	
(13) OCCUPATION <i>Cleaning &amp; Dressing</i>			(19) OCCUPATION <i>House Keeper</i>	
(20) Number of children born to mother, including present birth <i>3</i>			(21) Number of children of this mother now living, including present birth <i>3</i>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *H. H. Wooten*(24) State whether Physician or Midwife *Physician*(25) Address of Physician or Midwife *Woodruff S.C.*

Given name added from a supplemental report

, 191...

Registrar

(26) Witness

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

(27) Filed *12 11*

1916

(28)

*Charles L. Boyer*

Local 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.