

(1) PLACE OF BIRTH

County of York

Township of

or

Inc. Town of

or

City of Rock Hill

(No.) (St.) (Ward)

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

2) Full Name of Child Clara Latheta Ferguson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 24 23

(Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Salvador Murphy Ferguson (9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C. (10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Rock Hill, S.C.(13) OCCUPATION Automobile Factory(14) NAME BEFORE MARRIAGE Nancy Darg (Vinson)(15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Ga.(19) OCCUPATION House(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive, as live, at Rock Hill, S.C., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. H. Blackman(24) State of South Carolina (25) Address of Physician or Midwife Physician Rock Hill, S.C.(26) Witness (Signature of Witness necessary only when question 25 is signed by mark) J. H. Blackman(27) Filed 1101 24 (28) J. H. Blackman Local Registrar

Given name added from a supplemental report

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.

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