

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH		Standard Certificate of Birth		23 046607	
County of <u>Greenwood</u>		STATE OF SOUTH CAROLINA			
Township of <u>Greenwood</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>—</u>		Registration District No. <u>2306</u>		Registered No. <u>96</u>	
or		(No. <u>R 7 D # 3</u> St. <u>—</u> Ward <u>—</u>)		(For use of Local Registrar)	
City of <u>—</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number)			
2. FULL NAME OF CHILD <u>Joe Robert McFerrin</u>		(If child is not yet named, make supplemental report as directed.)			
3. Boy or Girl <u>Boy</u>	If Plural births <u>—</u>	4. Twin, triplet or other <u>—</u>	6. Premature <u>no</u>	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>May 29</u> , 19 <u>23</u>
5. Number, in order of birth <u>2</u>		Full term <u>yes</u>		(Month, day, year)	
9. Full name <u>Joe Brace McFerrin</u>		FATHER		18. Name before marriage <u>Essie Lagoon</u>	
10. Residence (mailing address) <u>Rt 3, Greenwood S.C.</u>		(If non-resident, give place and State)		19. Residence (mailing address) <u>Rt 3, Greenwood S.C.</u>	
(If non-resident, give place and State)				(If non-resident, give place and State)	
11. Color or race <u>white</u>		12. Age at last birthday <u>27</u> (Years)		20. Color or race <u>white</u>	
13. Birthplace (city or place) <u>Greenwood S.C.</u>		(State or country) <u>R 7 D # 3</u>		21. Age at last birthday <u>23</u> (Years)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>—</u>		22. Birthplace (city or place) <u>Kirksey</u>	
16. Date (month and year) last engaged in this work <u>—</u> , 19 <u>—</u>		17. Total time (years) spent in this work <u>44</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>	
18. Date (month and year) last engaged in this work <u>—</u> , 19 <u>—</u>		19. Total time (years) spent in this work <u>45</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>—</u>	
25. Date (month and year) last engaged in this work <u>—</u> , 19 <u>—</u>		26. Total time (years) spent in this work <u>45</u>		27. Number of children of this mother (At time of birth and including this child) <u>3</u>	
28. If stillborn, period of gestation <u>—</u> months <u>—</u> weeks		29. Cause of stillbirth <u>—</u>		(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	
30. Before labor <u>—</u>		31. During labor <u>—</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>2:00 a.m.</u> on the date above stated.					
(Born alive or stillborn)					
I certify that I instilled or had instilled in the eyes of this child at <u>—</u> M. on above date <u>—</u> (Name of Prophylactic)					
Cleft Palate <u>—</u> Hare Lip <u>—</u> Other Deformities <u>—</u> (Specify)					
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)					
Given name added from a supplementary report <u>—</u> (Date of)					
(Signed) <u>J. O. Harrissey</u> , M.D.					
or <u>—</u> Midwife.					
Address <u>Greenwood, S.C.</u>					
Filed <u>Sept. 10</u> , 19 <u>42</u> <u>Julia Lee</u> Registrar.					