

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOBAY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York

Township of .....

or  
Inc. Town of .....

or  
City of Rock Hill

(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

20489

Registration District No. 44 B Registered No. 120

(For use of Local Registrar)

(2) Full Name of Child Wells Ferguson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? No  
To be answered only in case of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 24 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME E. Lettys Gunn

(9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 38  
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Cotton mill operator

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Cyda Ferguson

(15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 32  
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) 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 at 7 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. D. Farney, M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Rock Hill, S.C.

Given name added from a supplemental report

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

(27) Filed 7/7/22 (28) J. H. Turner 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.

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Registrar.  
return.