

WRITE 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.
N. B.—McCaw, of Columbia.
McCaw

(1) PLACE OF BIRTH
County of Greenville
Township of Parris
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
43092

Registration District No. 2214 Registered No. 55
(For use of Local Registrar)
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 Geneva Ferguson

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth
to be summed only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 24, 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Columbus Ferguson

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Pickens Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Julien Anthony

(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Pickens Co.

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:30 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. J. Hester
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Traverse Post Office

Given name added from a supplemental report

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

(27) Filed Dec 31, 1915 (28) John B. Hester 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.

Registrar I

Local Registrar.

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