

(1) PLACE OF BIRTH

County of GreenvilleTownship of Batesor
Loc. Town ofor
City of

(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

42637

Registration District No. 2101 Registered No. 79

(For use of Local Registrar)

2) Full Name of Child. Hallie Ruth 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 answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 19, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME D. Frank Ferguson(9) PRESENT POSTOFFICE OF FATHER Travellers Rest R. 1.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Greenville(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Susie Ophelia McCal(15) PRESENT POSTOFFICE OF MOTHER Travellers Rest R. 1.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Greenville(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. D. Grossett M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Travellers Rest A.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 Dec 22, 1922 (28) B. D. Grossett 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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