

17705

State Board of Health

Registration District No. 104

Registered No. 24
(For use of Local Registrar)

(No. St.; Ward)

(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 William J. Ferguson If child is not yet named, make supplemental report as directed

(7) DATE OF BIRTH Jan. 15, 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER

01 FULL NAME

(14) NAME BEFORE MARRIAGE *Margaret Dunbar*

8) PRESENT
POSTOFFICE
OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER *Richmond Va*

(10) COLOR
OR
RACE *Latino*

(11) AGE AT LAST
BIRTHDAY *26*
(Years)

(16) COLOR OR RACE *brn* (17) AGE AT LAST BIRTHDAY *21* (Years)

12 BIRTHPLACE /

(18) BIRTHPLACE

13 OCCUPATION:

(19) OCCUPATION

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

(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 Robert at 6 A. M.
on the date above stated. 3 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *[Handwritten Signature]*

(24) State whether Physician or Midwife / (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 25 1922 (28) ...

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.