

Form No. 1.

(1) PLACE OF BIRTH

County of York

Township of Bethel

or

Inc. Town of

or

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

50772

Registration District No. 4400

Registered No. 8

(For use of Local Registrar)

(2) Full Name of Child Cole L. Ferguson

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? 0

(5) Number in order of birth 6

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb. 10, 1916

FATHER.

(8) FULL NAME Sebastian W. Ferguson

(9) PRESENT POSTOFFICE OF FATHER York R #6

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE York Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Amanda J. Cook

(15) PRESENT POSTOFFICE OF MOTHER York R #6

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE York Co

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born, at 6 A.M. (Born alive or stillborn) (Hour A.M. or P.M.) on the date above stated.

(23) (Signature) J. J. Ferguson

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

Physician Blair St

Given name added from a supplemental report

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

(27) Filed Feb 10 1916 (28) N. J. Quinn Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MAKING RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. 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.

McGraw-Hill of Columbia