(1) PLACE OF BIRTH

County of Saluda

Township of Saluda 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
91936

Registration District No. 40.10 Registered No. 18
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Rosey Lee Ferguson

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 31 (Name of Month) (Day) 1916 (Year)

FATHER.

(8) FULL NAME Verne Ferguson

(9) PRESENT POSTOFFICE OF FATHER Ninety Six S C

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Newberry Co S C

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Ora Ferguson

(15) PRESENT POSTOFFICE OF MOTHER Ninety Six S C

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Spartanburg Co S C

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Ninety Six S C

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Jan 3 1917 J. Fred Jeffries
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.

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

McCAW ST COLUMBIA, S. C.