(1) PLACE OF BIRTH

County of Oconee

Township of Center

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
31494

Registration District No. 3.6.00 Registered No. 114
(For use of Local Registrar)

(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 B. H. Ferguson — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy	To be answered only in event of Twins or Triplets		yes	sept 10, 1922

FATHER.

(8) FULL NAME: Birt Ferguson

(9) PRESENT POSTOFFICE OF FATHER: Westminster

(10) COLOR OR RACE: negro

(11) AGE AT LAST BIRTHDAY: 28 (Years)

(12) BIRTHPLACE: S.C

(13) OCCUPATION: farming

(20) Number of children born to mother, including present birth: 2

MOTHER.

(14) NAME BEFORE MARRIAGE: Maggie Lynch

(15) PRESENT POSTOFFICE OF MOTHER: Westminster

(16) COLOR OR RACE: Negro

(17) AGE AT LAST BIRTHDAY: 20 (Years)

(18) BIRTHPLACE: SC

(19) OCCUPATION: farming

(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) midwife Matilda Wiley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Westminster SC R 2

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed Sep 19, 1922 (28) Rip Vaughn
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.

WHITE PEGANEY, NEWS & OBSERVER CO., RALEIGH, N. C.
BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH
FORM OF CERTIFICATE OF BIRTH—TO BE FILLED IN BY LOCAL REGISTRAR
FURNISHED, No. 2, FREE OF CHARGE. No. 2, after the question 4.