

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Brushy Creek  
 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  
**20901**

Registration District No. 3.0.2. Registered No. 68  
 (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 Heyward E. Ferguson

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

3 BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 10, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME Edmon Ferguson  
 9 PRESENT POSTOFFICE OF FATHER Easley, S.C.  
 10 COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)  
 12 BIRTHPLACE Anderson Co., S.C.  
 13 OCCUPATION Farmer  
 20 Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Jamison  
 (15) PRESENT POSTOFFICE OF MOTHER Easley, S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Pickens Co. S.C.  
 (19) OCCUPATION Housewife  
 (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 born alive ..... at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour or P. M.)

(23) (Signature) J. C. Pepper M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Easley, S.C., R-5.

Given name added from a supplemental report

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

(27) Filed Aug 7, 1922 (28) J. R. Nathan 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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