

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenvilleor
Inc. Town of Derwent Springsor
City of Greenville

(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

77291

Registration District No. 2209 Registered No. 439

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child Buby Furgerson { 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 Dec 3 1916

To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME J. W. Furgerson(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION bookkeeper(14) NAME BEFORE MARRIAGE Ula May Bishop(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Greenville S.C.(19) OCCUPATION domestic(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was slim at 2 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Dr. W. H. Mason(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenville S.C.

Given name added from a supplemental report

..... 191.....

..... 191.....

Registrar

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

(27) Filed Sep 13 1916 (28) A. H. Mackey 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.

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

McCaw, of Columbia.