

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**  
 County of Greenville STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health  
 File No.—For State Registrar Only  
77291  
 Township of Greenville  
 or  
 Inc. Town of Derwood Springs Registration District No. 2209 Registered No. 439\*  
 or  
 City of \_\_\_\_\_ (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 Buby 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? no (7) DATE OF BIRTH Feb 3 1916  
(Name of Month) (Day) (Year)  
To be answered only in case of Twins or Triplets

FATHER.  
 (8) FULL NAME J. W. Ferguson  
 (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  
 (20) Number of children born to mother, including present birth } 3

MOTHER.  
 (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  
 (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., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) [Signature]  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenville S.C.

Given name added from a supplemental report \_\_\_\_\_ 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

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.

\*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.