

(1) PLACE OF BIRTH

County of Willamette
 Township of an
 or
 Inc. Town of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

6021

Registration District No. H. 200 Registered No. 100
 (For use of Local Registrar)

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 Elden Ferasier (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 Jan 14 1922
 To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Isack Ferasier(9) PRESENT POSTOFFICE OF FATHER Irish(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE SL(13) OCCUPATION Farm(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Irish Morris(15) PRESENT POSTOFFICE OF MOTHER Irish(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE SL(19) OCCUPATION Fish(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alvin St. 10 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Giles(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Irish

Given name added from a supplemental report

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

(27) Filed Jan 22 1922 (28) H. W. Campbell
 Registrar 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.