

Form No 1.

(1) PLACE OF BIRTH

County of YorkTownship of Catawba

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

James Feagin

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

(3) BOY OR GIRL

Boy

(4) Twin or tripl

Yes

(5) Number in order of birth

1

(6) Age Parents Married?

Yes

(7) DATE OF BIRTH

Mar 13 1906

(Name of Month) (Day) (Year)

(8) FULL NAME

Will C. Feagin

(9) PRESENT POSTOFFICE OF FATHER

unknown

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

Charlotte, N.C.

(13) OCCUPATION

Blacksmith

(14) NAME BEFORE MARRIAGE

unknown

(15) PRESENT POSTOFFICE OF MOTHER

Roddey

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

unknown

(19) OCCUPATION

Danceing

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

3

(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 5 a M. on this date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Francis Steele

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Roddey

Given name added from a supplemental report

(26) Witness

E. Ernest B. Roddey

(Signature of Witness necessary only when question 24 is signed by mark)

(27) Filed

4/8

(28) Local Registrar

J. R. Muel

*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 ENDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. If, 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 3.

City of Columbia.

File No.—For State Registrar Only

54170

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 4404 Registered No. 27

(For use of Local Registrar)

(No. St.)

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