

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

(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

35973

Registration District No. 3611

Registered No. 76

(For use of Local Registrar)

2) Full Name of Child

Moses Felder

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

(3) BOY  
or  
GIRL(4) Twin  
or Triplet?

Is to be answered only in event of Twin or Triplets

(5) Number in  
order of birth(6) Are  
Parents  
Married?(7) DATE OF  
BIRTH

(Name of Month) (Day) (Year)

## FATHER

(8) FULL  
NAME

Timothy Felder

(9) PRESENT  
POSTOFFICE  
OF FATHER

Raymond

(10) COLOR  
or  
RACE

Negro

(11) AGE AT LAST  
BIRTHDAY27  
(Years)

(12) BIRTHPLACE

Orangeburg Co

(13) OCCUPATION

Farmer

## MOTHER

(14) NAME BEFORE  
MARRIAGE

Elizabeth Kennedy

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Raymond

(16) COLOR  
or  
RACE

Negro

(17) AGE AT LAST  
BIRTHDAY27  
(Years)

(18) BIRTHPLACE

Orangeburg Co

(19) OCCUPATION

Housewife

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

6

(21) Number of children of this mother  
now living, including present birth

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mahala M. M. M.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Orangeburg

Given name added from a supplement-  
tal report

(26) Witness

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

(27) Filed

Oct 30 22

(28)

W. W. Buller  
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.