

(1) PLACE OF BIRTH

County of Orangeburg
 or
 Township of Orangeburg
 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

12427

Registration District No. 3613 Registered No. 33
 (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

Unnamed

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

(3) BOY OR GIRL: (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH: Mar 22 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eddie Felder
 (9) PRESENT POSTOFFICE OF FATHER Orangeburg S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farm Laborer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bernice White
 (15) PRESENT POSTOFFICE OF MOTHER Orangeburg, S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House work
 (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 at M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) C. J. Egan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 930

Given name added from a supplemental report

(26) Witness

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

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Registrar(27) Filed April 15 1922 (28) R. T. Jamieson 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.