

(1) PLACE OF BIRTH

County of

Township of

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.)

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. 36.13 Registered No. 33

(For use of Local Registrar)

(No. St. Ward)

(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?

(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
BIRTHDAY21
(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
BIRTHDAY17
(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
on the date above stated.

(Hour of Day) (M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mother)19
Registrar

(27) Filed

Apr. 15, 1922

(28) R. T. Fanning
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.