

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

County of Charleston

Township of .....

or  
In. Town of .....

City of Charleston

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

Registration District No. 9A

Registered No. 307

8219

(2) Full Name of Child Joseph Felder

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

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>(To be answered only in case of twins or triplets)</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 6 1923</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Joseph Felder</u>		(14) NAME BEFORE MARRIAGE <u>Annabelle Green</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston</u>		
(10) COLOR OR RACE <u>C</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> <small>(Years)</small>	(16) COLOR OR RACE <u>C</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Charleston</u>		(18) BIRTHPLACE <u>Charleston</u>		
(13) OCCUPATION <u>laborer</u>		(19) OCCUPATION <u>housewife</u>		
(20) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. 4:10 P. M. 4:10) on the date above stated.

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Signature of Physician or Midwife [Signature]

Given name added from a supplemental report

(26) Witness

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

(27) Filed 2/9

191.23 (28)

[Signature] 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.