

Form No. 1

(1) PLACE OF BIRTH

County of *Catawba*

Township of *St Paul*

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

45853

Registration District No. *1311*

Registered No. *6*

(For use of Local Registrar)

(2) Full Name of Child

*Lorena Fekler*

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

(3) SEX OR *Girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married *Yes* (7) DATE OF BIRTH *Jul 7 1916*  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Elerson Fekler*

(14) NAME BEFORE MARRIAGE *Lucie Logan*

(9) PRESENT POSTOFFICE OF FATHER *St Paul S.C.*

(15) PRESENT POSTOFFICE OF MOTHER *St Paul S.C.*

(10) COLOR OR RACE *Cauc* (11) AGE AT LAST BIRTHDAY (Years)

(16) COLOR OR RACE *Cauc* (17) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE *Catawba Co*

(18) BIRTHPLACE *Catawba Co*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *House wife*

(20) Number of children born to mother, including present birth *1*

(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, *Born alive* on the date above stated. (Born alive or stillborn) (P. M. or A. M.)

(23) (Signature) *Barbara Smith*

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

Given name added from a supplemental report

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

(27) Filed *1-20-16* (28) *John King* 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.

WHILE FILLING, WITH TYPEWRITING INK—THIS IS A PERMANENT COPY—USE A SEPARATE BLANK FOR EACH CHILD, AND NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, AND NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5. McGraw-Hill of Columbia