

(1) PLACE OF BIRTH

County of LanierTownship of paetsor
Inc. Town ofor
City of

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

(2) Full Name of Child James Feltz

File No.—For State Registrar Only

43301

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2903 Registered No. 52

(For use of Local Registrar)

(No. St.; Ward)

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Dec. 11 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Henry Feltz

(9) PRESENT POSTOFFICE OF FATHER

Remns St. R. #

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

20 (Years)

(12) BIRTHPLACE

St. C.

(13) OCCUPATION

Form Hand

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

one

MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie L. Duncan

(15) PRESENT POSTOFFICE OF MOTHER

Remns St. R. #

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

19 (Years)

(18) BIRTHPLACE

St. C.

(19) OCCUPATION

Form Hand

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Born alive & stillborn at 11 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

E. F. Taylor

(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 Jan 9 1923(28) St. C. 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.

Before the fifth month of pregnancy.