

9/15/43

Form No. 3

22 049336

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MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS or TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

1. PLACE OF BIRTH

County of Richland STATE OF SOUTH CAROLINABureau of Vital Statistics
State Board of HealthTownship of Southor
Inc. Town of Columbiaor
City of ColumbiaRegistration District No. 38-CRegistered No. _____
(For use of Local Registrar)(No. 1109 Pine 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 O'Neal Felder { If child is not yet named, make supplemental report as directed.3. BOY OR
GIRL Boy4. Twin or
Triplet?5. Number in order
of birth6. Are
Parents
Married? yes

7. DATE OF BIRTH

April 5 1942
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

8. FULL
NAME

FATHER

9. ADDRESS AT
CHILD'S BIRTH10. COLOR
OR
RACE negro11. AGE AT CHILD'S
BIRTH 30

12. BIRTHPLACE

13. OCCUPATION

20. Number of children born to
mother, including present birth 8

MOTHER

14. NAME BEFORE
MARRIAGE Jessie Perkins15. ADDRESS AT
CHILD'S BIRTH 1109 Pine St16. COLOR
OR
RACE negro17. AGE AT CHILD'S
BIRTH 24

18. BIRTHPLACE

19. OCCUPATION

21. Number of children by this mother
now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was alive at _____ M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)23. Signature Charney Carr

24. State whether Physician or Midwife

25. Address of Physician or Midwife

26. Witness _____

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

Given name added from a supplemental report

194____

Registrar

27. Filed Sept. 17 194328. L. A. Riser, M. D.
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
If a child breaths even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.