

9/15/43

Form No. 3

22 049336

No copies

Ack..50

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 **CERTIFICATE OF BIRTH** FILE No. **101505**
 County of Richland STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 Township of South State Board of Health
 or
 Inc. Town of Columbia Registration District No. 380 Registered No. _____
 or
 City of Columbia (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 <u>Boy</u>	4. Twin or Triplet? To be answered only in event of Twins or Triplets	5. Number in order of birth	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>April</u> <u>5</u> 19 <u>22</u> (Name of Month) (Day) (Year)
8. FULL NAME <u>Abram Felder</u> FATHER		14. NAME BEFORE MARRIAGE <u>Jessie Perkins</u> MOTHER		
9. ADDRESS AT CHILD'S BIRTH <u>1109 Pine</u>		15. ADDRESS AT CHILD'S BIRTH <u>1109 Pine St</u>		
10. COLOR OR RACE <u>negw</u>	11. AGE AT CHILD'S BIRTH <u>30</u> (Years)	16. COLOR OR RACE <u>negw</u>	17. AGE AT CHILD'S BIRTH <u>24</u> (Years)	
12. BIRTHPLACE <u>Orangeburg S.C.</u>		18. BIRTHPLACE <u>Orangeburg S.C.</u>		
13. OCCUPATION <u>Carpenter</u>		19. OCCUPATION <u>hwn house work</u>		
20. Number of children born to mother, including present birth <u>8</u>		21. Number of children by this mother now living, including present birth <u>8</u>		

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 Midwife 25. Address of Physician or Midwife Nb 31 Waverly St.

Given name added from a supplemental report

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

27. Filed Sept. 17 1943

28. 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 breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy. **keh**