

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. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of Mount Pleasant

or

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

76066

Registration District No. G. B. Registered No. 48

(For use of Local Registrar)

(2) Full Name of Child. Susan Ann Felder

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

| | | | | |
|------------------------------|----------------------|---|------------------------------------|--|
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? | (5) Number in order of birth <small>To be answered only in case of Twins or Triplets</small> | (6) Are Parents Married? <u>no</u> | (7) DATE OF BIRTH <u>Sept. 14, 1916</u> <small>(Name of Month) (Day) (Year)</small> |
|------------------------------|----------------------|---|------------------------------------|--|

FATHER.

MOTHER.

| | |
|--|---|
| (8) FULL NAME <u>Byas Felder</u> | (14) NAME BEFORE MARRIAGE <u>Edna Stinney</u> |
| (9) PRESENT POSTOFFICE OF FATHER <u>Mount Pleasant</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Mt Pleasant SC</u> |
| (10) COLOR OR RACE <u>Negro</u> | (16) COLOR OR RACE <u>Negro</u> |
| (11) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small> | (17) AGE AT LAST BIRTHDAY <u>18</u> <small>(Years)</small> |
| (12) BIRTHPLACE <u>Dante</u> | (18) BIRTHPLACE <u>Mt Pleasant SC</u> |
| (13) OCCUPATION <u>Farm Laborer</u> | (19) OCCUPATION <u>Farm Laborer</u> |
| (20) Number of children born to mother, including present birth { <u>1</u> } | (21) Number of children of this mother now living, including present birth { <u>1</u> } |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary X Grant

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

Midwife Mount Pleasant SC

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Sept. 23, 1916 (28) Geo. W. Roberts 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.