

Form No. 1

## (1) PLACE OF BIRTH

County of HammondTownship of Blackville

or

Loc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16034

Registration District No. 3.2.4 Registered No. 41  
(For use of Local Registrar)

(No. .... 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 Valentine Felder If child is not yet named, make supplemental report as directed3. BOY OR GIRL Boy

4. Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH April 5, 1922  
(Name of Month) (Day) (Year)

## FATHER.

5. FULL NAME

John Felder

6. PRESENT POSTOFFICE OF FATHER

Blackville

(16) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

4.2  
(Years)

12. BIRTHPLACE

S.C.

13. OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Rosalee Hays

(15) PRESENT POSTOFFICE OF MOTHER

Blackville

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

3.8  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

(21) Number of children of 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 White at 7 P. M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Laura Daniel

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 11, 1922 (28) O. A. Hammond  
Local Registrar

19 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.