

(1) PLACE OF BIRTH

County of Georgetown
 Township of St. James
 or
 Inc. 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

4221

Registration District No. 21.2.4 Registered No. 17
 (For use of Local Registrar)

City of..... (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 Mary Emma Feathers (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 22, 1912
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Calup Feathers
 (9) PRESENT POSTOFFICE OF FATHER Plantersville
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20
 (Year) (12) BIRTHPLACE Georgetown Co S.C.
 (13) OCCUPATION Public Work

MOTHER.

(14) NAME BEFORE MARRIAGE Catherine Cassey
 (15) PRESENT POSTOFFICE OF MOTHER Plantersville
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18
 (Year) (18) BIRTHPLACE Georgetown Co S.C.
 (19) OCCUPATION House Wife

(20) Number of children born to mother, including present birth 1 Only (21) Number of children of this mother now living, including present birth 1 Only

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Betsy Small
 (24) State whether Physician or Midwife, Address of Physician or Midwife Plantersville S.C.

Given name added from a supplemental report:

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

1912 Registrar (27) Filed Mar. 3, 1912 (28) R. L. Ellis 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.