

## (1) PLACE OF BIRTH

County of Aiken  
 or  
 Township of Pickens  
 or  
 Inc. Town of Wagner  
 or  
 City of \_\_\_\_\_

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**2898**

Registration District No. 216

Registered No. 11  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

(2) Full Name of Child Alma Jean Felder

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

(3) BOY OR GIRL girl (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? No (7) DATE OF BIRTH Jan 27, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Freeman  
 (9) PRESENT POSTOFFICE OF FATHER Thompson Ga  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21  
 (Years) \_\_\_\_\_  
 (12) BIRTHPLACE M<sup>c</sup>Cluffie County, Ga  
 (13) OCCUPATION Farming

## MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Felder  
 (15) PRESENT POSTOFFICE OF MOTHER Wagner SC  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21  
 (Years) \_\_\_\_\_  
 (18) BIRTHPLACE Lexington Co  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4  
 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Cornerline Sherman  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wagner SC

Given name added from a supplemental report \_\_\_\_\_

(26) Witness Henry C. Keston  
 (Signature of Witness necessary when question 23 is signed by midwife)

(27) Filed July 18, 1922 (28) \_\_\_\_\_  
 \_\_\_\_\_ Registrar \_\_\_\_\_ 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.