

Form No. 1

(1) PLACE OF BIRTH

County of CalhounTownship of Sixons

Inc. Town of

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
48255Registration District No. 802Registered No. 16

(For use of Local Registrar)

(2) Full Name of Child Mary Lee Feeler

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 26, 1906</u>
To be answered only in case of twins or triplets			(Name of Month) (Day) (Year)	

FATHER.

(8) FULL NAME Edward Aul Feeler(9) PRESENT POSTOFFICE OF FATHER Cameron SC(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Calhoun Co(13) OCCUPATION Formening(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Etta Elizabeth Hargraves(15) PRESENT POSTOFFICE OF MOTHER Cameron SC(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Orangeburg Co(19) OCCUPATION Milliner(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 born at Calhoun Co on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) Signature Dr. J. B. Hargraves(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cameron SC

Given name added from a supplemental report

....., 1906

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Registrar

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

(27) Filed Feb. 26, 1906 (28) W. J. Keller 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia