

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Catherine Rebecca Fellers { If child is not yet named, make supplemental report as directed

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20008

Registration District No. 382 Registered No. 142
(For use of Local Registrar)(No. 714 Columbia Ave. St.; Ward)(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH June 5 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ira Gilbert Fellers(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 47 (Years)(12) BIRTHPLACE Newberry Co.(13) OCCUPATION Street Ry. employee.(14) Number of children born to mother, including present birth Six

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Lee Weiringer(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE Richland Co.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:10 P.M.
(Born live or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Columbia S.C.

Given name added from a supplemental report

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

(27) Filed 7-15-12 (28) [Signature] 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.

LOCAL REGISTRAR.

REGISTRAR

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