Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 3634

(1) PLACE OF BIRTH

County of Chester

Township of Halsewille

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

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

Registration District No. 1104 Registered No. 8 (For use of Local Registrar)

(2) Full Name of Child Columbus Feaster (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? —

(5) Number in order of birth 3

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 7, 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Primus Feaster	(14) NAME BEFORE MARRIAGE	Agnes Smith
(9) PRESENT POSTOFFICE OF FATHER	Leeds S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Leeds S.C.
(10) COLOR OR RACE	Black	(16) COLOR OR RACE	Black
(11) AGE AT LAST BIRTHDAY (Years)	38	(17) AGE AT LAST BIRTHDAY (Years)	25
(12) BIRTHPLACE	Fairfield Co	(18) BIRTHPLACE	Fairfield Co
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	3	(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 (Born alive or stillborn) at 2 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Scisly Hampton

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Leeds, S.C.

Given name added from a supplemental report .....

..... 19.....
Registrar

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

(27) Filed Feb 19 1922 (28) W. T. McDaniel 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCALL OF COLUMBIA, COLUMBIA, S. C.