

Form No. 1

## (1) PLACE OF BIRTH

County of ClarendonTownship of Calvary

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

Registration District No. 301 Registered No. 5

(For use of Local Registrar)

(2) Full Name of Child Robert See Felder

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

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 7, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Robert Felder(9) PRESENT POSTOFFICE OF FATHER Pineville S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Ella Jane Felder(15) PRESENT POSTOFFICE OF MOTHER Pineville S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maggie Sudd(24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Pineville S.C.

(Given name added from a supplemental report)

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

(27) Filed Mar. 9, 1923 (28) C. S. Griffin 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.

Use 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 3.

McCam of Columbia, Columbia, S. C.