

Form No. 1

1. PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

65875

County of DraughtonTownship of Wichita

Inc. Town of

Registration District No. 3620Registered No. 62

(For use of Local Registrar)

City of

(No. 1)

St.;

Ward)

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

2) Full Name of Child

David Felder

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 1

To be answered only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

June 25, 1916

Name of Month (Day) (Year)

FATHER

(8) FULL NAME

James Felder

(9) PRESENT POSTOFFICE OF FATHER

Bonman S.C.

(10) COLOR OR RACE

Colored(11) AGE AT LAST BIRTHDAY 22

(Years)

(12) BIRTHPLACE

Draughton S.C.

(13) OCCUPATION

James

MOTHER

(14) NAME BEFORE MARRIAGE

Winnie Carson

(15) PRESENT POSTOFFICE OF MOTHER

Bonman S.C.

(16) COLOR OR RACE

Colored(17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE

Draughton S.C.

(19) OCCUPATION

house wife

(20) Number of children born to mother, including present birth

1

(21) Number of children of this mother now living, including present birth

1

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. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Elizabeth Berry

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

WichitaBonman S.C.

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed July 1, 1916

(28)

W. H. Duke
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.

WRITER PLAINED, WHICH CONTAINS TWO COPIES OF THIS IS A COMPLETE RECORD. MARK THE
 M. 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.