

(1) PLACE OF BIRTH

County of J. Leeswood
 Township of Charleston
 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

3620

Registration District No. L 311Registered No. 2.....
 (For use of Local Registrar)

St. Ward)

(No.
 If child is not yet named, make
 supplemental report as directed

(2) Full Name of Child

(3) BOY OR
 GIRL Girl (4) Twin
 or Triplet
 To be answered only in event of Twins or Triplets

(5) Number in
 order of birth(6) Are
 Parents
 Married? Yes(7) DATE OF
 BIRTH April 2, 1923
 (Month of Birth) (Day) (Year)

FATHER

(8) FULL
 NAME Oliver Feldman
 (9) PRESENT
 POSTOFFICE
 OF FATHER Greenwood, South Carolina
 (10) COLOR
 OR
 RACE White
 (11) AGE AT LAST
 BIRTHDAY 33
 (Years)

(14) NAME BEFORE
 MARRIAGE Grecia Rose(15) PRESENT
 POSTOFFICE
 OF MOTHER(16) COLOR
 OR
 RACE Negro(17) AGE AT LAST
 BIRTHDAY 29
 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION La-borer(20) Number of children born to
 mother, including present birth 2(21) Number of children of this mother
 now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was N.B. at 11:15 A.M.
 (Born alive or stillborn) (Hour A.M. or P.M.)
 on the date above stated.

(23) (Signature) M. Hartley Rose (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

Given name added from a supplement-
 al report

(26) Witness

(Signature of Witness necessary only
 when question 23 is signed by mark)(27) Filed Nov. 2, 1923 (28) E. L. Hartley 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.