

2/11/41

22 049254

FILE No.—For State Registrar Only  
**02286**

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.  
(See instructions on Back of Certificate)

1. PLACE OF BIRTH  
County of Orangeburg,  
Township of Orange  
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)

**Standard Certificate of Birth**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 3613 Registered No. 71  
(For use of Local Registrar)

2. FULL NAME OF CHILD Filden Barton Fersner, Jr. If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural Births ..... 4. Twin, triplet or other ..... 5. Number, in order of birth ..... 6. Premature ..... Full term \* ..... 7. Are Parents Married Yes 8. Date of birth Feb. 11, 1922  
(Month, day, year)

9. Full name FATHER Tilden Barton Fersner 18. Name before marriage MOTHER Beulah C. Gramling

10. Residence (mailing address) Orangeburg, S. C. 19. Residence (mailing address) Orangeburg, S. C.  
(If non-resident, give place and State)

11. Color or race W. 12. Age at last birthday 45 (Years) 20. Color or race W. 21. Age at last birthday 42 (Years)

13. Birthplace (city or place) Orangeburg, S. C. 22. Birthplace (city or place) Orangeburg, S. C.  
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Store 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....

16. Date (month and year) last engaged in this work at present, 19..... 17. Total time (years) spent in this work ..... 25. Date (month and year) last engaged in this work ..... 19..... 26. Total time (years) spent in this work .....

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living \* (b) Born alive but now dead --- (c) Stillborn ---

28. If stillborn, period of gestation --- { months weeks } 29. Cause of stillbirth --- { Before labor ..... During labor .....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was ..... at 3 A. m. on the date above stated.  
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) R. C. Stearns, M.D.

Given name added from a supplementary report ..... (Date of) .....

or ..... Midwife.

Address Orangeburg, S. C.

Filed 12/16/41, 19..... M. B. Woodward  
Registrar M. B.

Registrar.

Registrar M. B.