

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

(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

FILE No.—For State Registrar Only

02286

Registered No. 71

(For use of Local Registrar)

2. FULL NAME OF CHILD Tilden 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) (If non-resident, give place and State) Orangeburg, S.

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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) (State or country) Orangeburg, S. C.

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

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

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.

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

(Born alive or stillborn) (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, 1941 M.B. Woodward

Registrar.

Registrar MD