

(1) PLACE OF BIRTH

County of NashTownship of Monroe

(or Town of.....)

City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

29449

Registration District No. 3407 Registered No. 43
(For use of Local Registrar)

(No. 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 Louis Elton Fellers (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 5 1923
(Name of child) (Day) (Year)

FATHER.

(8) FULL NAME Howell T Fellers(9) PRESENT POSTOFFICE OF FATHER Silver Street(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Year)(12) BIRTHPLACE Nashville, Tenn(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Kramer(15) PRESENT POSTOFFICE OF MOTHER Silver Street(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Year)(18) BIRTHPLACE Nashville, Tenn(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 9:15 on the date above stated. (Hour A. M. or P. M.)(22) (Signature) Dr. Robert May

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Nashville, Tenn

(Given name added from a supplemental report)

(25) Witness

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

(26) Filed July 15 1923 (27) Local Registrar

When there was no attending physician or midwife, then the father, householder, or other person who has this return. If a child breathes even once, it must not be reported as stillborn. No report before the fifth month of pregnancy.