Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
35978

(1) PLACE OF BIRTH

County of Orangeburg

Township of Elloree

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.)

Registration District No. 612 Registered No. 75
(For use of Local Registrar)

(2) Full Name of Child Frank Felder Jr. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

(4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 10/10 1925 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Felder

(9) PRESENT POSTOFFICE OF FATHER Orangeburg S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Org Co

(13) OCCUPATION Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Holman

(15) PRESENT POSTOFFICE OF MOTHER Orangeburg

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Org Co

(19) OCCUPATION Domestic

(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 (Born alive or stillborn) at 8:00 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Virginia L. Smith

(24) State whether Physician or Midwife Midwife (25) City Address of Physician or Midwife Branchville S.C.

Given name added from a supplemental report

..... 19 .....
Registrar

(26) Witness J. Dan Clark
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 10/16 1925 (28) J. Dan Clark 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD and FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.

McCAW or COLUMBIA, COLUMBIA, S. C.