

## (1) PLACE OF BIRTH

County of Orangeburg  
Township of Middleor  
Inc. Town ofor  
City of(No. \_\_\_\_\_) (St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(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

47126

Registration District No. 3620Registered No. 8  
(For use of Local Registrar)(2) Full Name of Child Margaret Elizabeth Felder

If child is not yet named, make supplemental report as directed

(3) ~~Boy or~~  
GIRL? girl(4) Twin  
or Triplet?(5) Number in  
order of Birth 3  
To be completed only in event of twins or triplets(6) Are  
Parents  
Married? yes(7) DATE OF  
BIRTH Jan 22, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Shankus Jacob Felder(9) PRESENT  
POSTOFFICE  
OF FATHER Brownman(10) COLOR  
OR  
RACE white (11) AGE AT LAST  
BIRTHDAY 25  
(Years)(12) BIRTHPLACE  
Dorchulus County(13) OCCUPATION  
Houseman(20) Number of children born to  
mother, including present birth 3

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Lillian Olive Skulson(15) PRESENT  
POSTOFFICE  
OF MOTHER Brownman(16) COLOR  
OR  
RACE white (17) AGE AT LAST  
BIRTHDAY 24  
(Years)(18) BIRTHPLACE  
Orangeburg Co(19) OCCUPATION  
House wife(21) Number of children of this mother  
now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) J. D. L. Farmer, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Orangeburg S.C.Given name added from a supplement-  
tal report

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Registrar

(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Feb 1 1916 (28) W. H. Duke  
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.