

FORM NO. 5. MARGIN RESERVED FOR INDEXING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER. No. 2, etc., in question 5. McCaw of Columbia

(1) PLACE OF BIRTH

County of Orangeburg
Township of Middle

or
Inc. Town of

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. 3620

Registered No. 8
(For use of Local Registrar)

City of (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 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 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 22, 1916
To be completed only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Shankus Jacob Felder

(9) PRESENT POSTOFFICE OF FATHER Bowman

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Dorchulus County

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Olive Skuler

(15) PRESENT POSTOFFICE OF MOTHER Bowman

(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. S. Farmer, M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Orangeburg S.C.

Given name added from a supplemental report

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

(27) Filed Feb 6 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.