

## (1) PLACE OF BIRTH

County of Chester S.C.  
 Township of Sevinville  
 or  
 Inc. Town of Smith's S.C.  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3639

Registration District No. 1106 Registered No. 75

(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 Corranes Fearl

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

one

(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

Feb. 12, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

H.W. Fearl

(9) PRESENT POSTOFFICE OF FATHER

Smithturnout S.C.

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

36  
(Years)

(12) BIRTHPLACE

Richburg S.C.

(13) OCCUPATION

clergymen.

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

8-11

## MOTHER.

(14) NAME BEFORE MARRIAGE

Cattie Dickson

(15) PRESENT POSTOFFICE OF MOTHER

Smithturnout S.C.

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

37  
(Years)

(18) BIRTHPLACE

Blackstar S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

8-11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 M., on the date above stated. (Born alive or stillborn) (Home A.M. or P.M.)

(23) (Signature) Emma Wood

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeRedman

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when condition 22 is signed "stillborn")

(27) Filed

2/22/2219 22

(28)

J.S. Hall 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.