

MAKING PRESERVED IN RECORD.
WHITE 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.

(1) PLACE OF BIRTH

County of Lex C.O.

Township of Congaree

or
Inc. Town of
or
City of

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

File No.—For State Registrar Only

49795

Registration District No. 1115 Registered No. 1
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Mary Young Felter If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Feb 1
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Young

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

(10) COLOR OR RACE Ethiopian (11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Works on the Farm with father

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

MOTHER.

(14) NAME BEFORE MARRIAGE Bess Felter

(15) PRESENT POSTOFFICE OF MOTHER Cayce S.C.

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

(18) BIRTHPLACE Lexington, S.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucinda Smith

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

Midwife N. Brookland

Given name added from a supplemental report

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

(27) Filed 8/7/16 1916 (28) C. Lybrand 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.

Registrar

Local Registrar

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