

(1) PLACE OF BIRTH
 County of Lexington C.O.
 Township of Congaree
 or
 Inc. Town of Registration District No. 1115 Registered No. 11
 or
 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
49795

(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
To be answered only in case of Twins or Triplets (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 Lexington, S.C.
 (13) OCCUPATION works on the farm with the wife
 (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 Midwife (25) Address of Physician or Midwife 11 Brookland St.

Given name added from a supplemental report 4/17/1916
 Registrar W. H. McCaw
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. H. McCaw
 (27) Filed 8 of Feb 1916 (28) W. H. McCaw Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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 W. H. McCaw Local Registrar W. H. McCaw

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MAKE IN PRESERVED INK PRINTING.
 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 graduation 15.
 W. H. McCaw, of Columbia.