

Form No 1.

(1) PLACE OF BIRTH

County of FairfieldTownship of #1

or

Inc. Town of

or

City of

(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

46111

Registration District No. 1912 Registered No. 9

(For use of Local Registrar)

(2) Full Name of Child Johnnie Howard Feaster If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 27</u>
<small>To be answered only in case of Twins or Triplets</small>				<small>(Same of Month) (Day) (Year)</small>

FATHER.

(8) FULL NAME Robert A. Feaster(9) PRESENT POSTOFFICE OF FATHER Shelton, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Near Shelton, S.C.(13) OCCUPATION Farm laborer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Florence Woodward(15) PRESENT POSTOFFICE OF MOTHER Shelton, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Near Shelton, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 3:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Young

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

midwife Shelton, S.C.

Given name added from a supplemental report

(26) Witness Mary Colvin

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

(27) Filed Feb 1 1916 (28) H. G. Colvin

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.

MARGIN RESERVED FOR BINDING.

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 2.

McCaw of Columbia.