

(1) PLACE OF BIRTH

County of Chester
 Township of Blackstock
 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
3612

Registration District No. 1101... Registered No. 3
 (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 Leabe Feaster..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 30 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Feaster
 (9) PRESENT POSTOFFICE OF FATHER Chester S C
 (10) COLOR Black (11) AGE AT LAST BIRTHDAY 19 (Years)
 (12) BIRTHPLACE Chester C O SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Lucile Bell
 (15) PRESENT POSTOFFICE OF MOTHER Chester S C
 (16) COLOR Black (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE Fairfield C O SC
 (19) OCCUPATION House wife
 (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 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alace Stewart
 (24) State whether, Physician or Midwife Midwife (25) Address of Physician or Midwife Chester 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. 11 1922 (28) R. C. Grant 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.

(29) (30) (31) Filed Feb 20 1922 (32) Local Registrar.

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THIS IS A PREPARED FORM FOR EACH CHILD, and must be filled out by a physician or midwife, or by the father, householder, or other person, in question 22.

STATE OF SOUTH CAROLINA, COLUMBIA, S. C.

RECEIVED