

(1) PLACE OF BIRTH

County of *Lexington*Township of *Blount Creek*or
Inc. Town of *Polina*

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

4482

Registration District No. *2100*Registered No. *7*
(For use of Local Registrar)

(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

(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 *Feb 15 1923*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Felder, Darley*(9) PRESENT POSTOFFICE OF FATHER *not known*(10) COLOR OR RACE *white*(11) AGE AT LAST BIRTHDAY *73*
(Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *keeper*(14) Number of children born to mother, including present birth *2*

MOTHER.

(16) NAME BEFORE MARRIAGE *Shelma Shumper*(17) PRESENT POSTOFFICE OF MOTHER *Polina, S.C.*(18) COLOR OR RACE *white*(19) AGE AT LAST BIRTHDAY *19*
(Years)(20) BIRTHPLACE *Polina S.C.*(21) OCCUPATION *housewife*(22) Number of children of this mother now living, including present birth *Two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was *Born alive* at *7 P.M.*
(on the date above stated.) (Born alive or stillborn) (Hour, M. or P.M.)(24) (Signature) *D.R. Kuehn*

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife *Polina S.C.*

(Give name added from a supplemental report)

(27) Witness

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

(28) Date *Mar 15 1923* (29) *S. C. Gantt* 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.

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MAKING RETURN TO THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, COLUMBIA, S.C. WITHIN THE TIME SPECIFIED HEREIN. 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.