

MARCH 1907

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.

RECORD OF BIRTHS, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA		871	
Township of <u>Spartanburg</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
or City of		Registration District No. <u>1311</u>		Registered No.	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>William Felter</u>				(If child is not yet named, make supplemental report as directed)	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 20, 1907</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Edmon Felter</u>			(14) NAME BEFORE MARRIAGE <u>Anna Jones</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>St Paul S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>St Paul S.C.</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)		
(12) BIRTHPLACE <u>Charleston Co S.C.</u>			(18) BIRTHPLACE <u>Charleston Co S.C.</u>		
(13) OCCUPATION <u>Furniture Maker</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>8 P.</u> M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Susan Ragan</u>					
(24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>My letter</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19			(27) Filed <u>May 25, 1907</u> (28) <u>Henry King</u> 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.					