

## (1) PLACE OF BIRTH

County of Borchgrevink  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

38147

Registration District No. 1.2.3. Registered No. 7.6  
 (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 Evon Felder

If child is not yet named, make  
 supplemental report as directed

3 SEX OR GIRL Y 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? Yes 7 DATE OF BIRTH May 17, 1922  
 (Name of Month) (Day) (Year)

## FATHER

8 FULL NAME Wash Felder  
 9 PRESENT POSTOFFICE OF FATHER St. George S.C.  
 10 COLOR OR RACE Gold 11 AGE AT LAST BIRTHDAY 23  
 (Years) 12 BIRTHPLACE S.C.  
 13 OCCUPATION farm laborer  
 14 Number of children born to mother, including present birth 4

## MOTHER

15 NAME BEFORE MARRIAGE Sallie  
 16 PRESENT POSTOFFICE OF MOTHER St. George S.C.  
 17 COLOR OR RACE Gold 18 AGE AT LAST BIRTHDAY 21  
 (Years) 19 BIRTHPLACE S.C.  
 20 OCCUPATION domestic service  
 21 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lucy Harrison(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife St. George S.C.

Given name added from a supplement-  
 tal report

(26) Witness Betty Harrison

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

(27) Filed July 5, 1922

(28) 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.