

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
75161

(1) PLACE OF BIRTH
County of Wilkesburg STATE OF SOUTH CAROLINA
Township of Suiter Bureau of Vital Statistics
State Board of Health
Inc. Town of Registration District No. 4310 Registered No. 31
(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 Clayton Feagins If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u> </u>	(4) Twin or Triplet? <u> </u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 5</u> , 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
----------------------------	--	---------------------------------------	-------------------------------------	--

FATHER.

(8) FULL NAME Auther Feagin

(9) PRESENT POSTOFFICE OF FATHER Lake City S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE Wilkesburg S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE Neal Rogers

(15) PRESENT POSTOFFICE OF MOTHER Lake City S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE Wilkesburg S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 2 }

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) Lizzie Feagin

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lake City S.C.

Given name added from a supplemental report
....., 191.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. A. Fitch

(27) Filed 8/12, 1916. (28) W. A. Fitch 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 5. McCaw of Columbia.