

When a child is born, the parent or guardian must file this certificate with the Registrar. If the child is born to a woman who is not married, the father's name must be given. If the child is born to a woman who is married, the husband's name must be given. If the child is born to a woman who is not married and the father's name is not given, the child is considered illegitimate. If the child is born to a woman who is married and the husband's name is not given, the child is considered illegitimate. If the child is born to a woman who is not married and the father's name is not given, the child is considered illegitimate. If the child is born to a woman who is married and the husband's name is not given, the child is considered illegitimate.

Office of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH
 County of Anderson
 Township of Widow Swamp
 or
 Inc. Town of
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Registration District No. 703 Registered No. 13
 (For use of Local Registrar.)

File No.—For State Registrar Only
2859

(No. St.; Ward)

(2) Full Name of Child Charley
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth To be answered only in event of Twins or Triplets	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>July 3, 1922</u>
(8) FULL NAME <u>Charley Felder</u>			(9) MOTHER'S NAME <u>Ms. Charley Felder</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Wagener</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Wagener</u>	
(12) COLOR OR RACE <u>Black</u>	(13) AGE AT LAST BIRTHDAY (Years) <u>56</u>	(14) COLOR OR RACE <u>Black</u>	(15) AGE AT LAST BIRTHDAY (Years) <u>40</u>	(16) BIRTHPLACE <u>S. C.</u>
(17) OCCUPATION <u>Farm</u>			(18) OCCUPATION <u>Farm</u>	
(19) Number of children born to mother, including present birth <u>10</u>			(20) Number of children of this mother now living, including present birth <u>10</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)
Park Smith

(23) State whether Physician or Midwife
Midwife

(24) Address of Physician or Midwife
Wagener

Given name added from a supplemental report
 (25) Witness
 (Signature of Witness necessary only when question 22 is signed by mother)

(26) Filed July 4, 1922
 Registrar

(27) 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.