Form No. 1.

(1) PLACE OF BIRTH

County of Edgefield

Township of Newmarket

Inc. Town of ..... Registration District No. 4 ..... Registered No. 1816 ..... (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.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only 23157

(2) Full Name of Child Johnnie Hugh Feeley ... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? [illegible]

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July (Name of Month) 17 (Day) 25 (Year)

FATHER.	MOTHER.
(8) FULL NAME [illegible]	(14) NAME BEFORE MARRIAGE Maggie Harley
(9) PRESENT POSTOFFICE OF FATHER [illegible]	(15) PRESENT POSTOFFICE OF MOTHER [illegible]
(10) COLOR OR RACE [illegible] (11) AGE AT LAST BIRTHDAY 29 (Years)	(16) COLOR OR RACE [illegible] (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Edgefield Co.	(18) BIRTHPLACE Edgefield
(13) OCCUPATION [illegible]	(19) OCCUPATION Home Duties
(20) Number of children born to mother including present birth 3	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [illegible] (Midwife)

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife [illegible]

Given name added from a supplemental report

..... 191.

Registrar

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

(27) Filed July 26 191 [illegible] (28) [illegible] Local Registrar.

*If [illegible] was no attending physician or midwife, then the father, householder, etc., should make this return. If [illegible] breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.