

## (1) PLACE OF BIRTH

County of Oconee  
Township of RevereOR  
Inc. Town of  
ORCity 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

74091

Registration District No. .... Registered No. 81  
(For use of Local Registrar)(2) Full Name of Child Chester Field Day { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 24 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Freeman Day(9) PRESENT POSTOFFICE OF FATHER Jamassee SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Oconee(13) OCCUPATION Farming(20) Number of children born to mother, including present birth { ..... 4 .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Mae Hudson(15) PRESENT POSTOFFICE OF MOTHER Jamassee(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Oconee(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth { ..... 4 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive ..... 5 ..... P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lettie C. Collins

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Mid wife Lettie Collins  
Salem, S.C.

Given name added from a supplemental report

....., 191.....

.....  
Registrar(26) Witness .....  
(Signature of Witness necessary only when question 25 is signed by mark)(27) Filed Sept 8th 1916 (28) S. W. Smith  
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.