

(1) PLACE OF BIRTH

County of CherokeeTownship of Hiawathaor
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

File No.—For State Registrar Only

3066

Registration District No. 309 Registered No. 7

(For use of Local Registrar)

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

(1) BOY OR GIRL <u>GIRL</u>	(2) Twin or Triplet?	(3) Number in order of birth	(4) Are Parents Married?	(5) DATE OF BIRTH <u>Feb 22 22</u> (Name of Month) (Day) (Year)
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FATHER.

(6) FULL NAME Gene Fields(7) PRESENT POSTOFFICE OF FATHER Box #1, SC(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 31 (Years)

(10) BIRTHPLACE

(11) OCCUPATION

(12) Number of children born to mother, including present birth Two

MOTHER.

(13) NAME BEFORE MARRIAGE Jessie M. Mahan(14) PRESENT POSTOFFICE OF MOTHER Box #1, SC(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 30 (Years)

(17) BIRTHPLACE

(18) OCCUPATION

(19) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(20) I hereby certify that I attended the birth of this child, who was born at Box #1, SC on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Midwife (22) Address of Physician or Midwife Box #1, SC

Given name added from supplemental report:

(23) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(24) Filed Feb 24 1923 (25) G. T. McSwain 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.

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