

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

File No. — For State Registrar Only
385047

County of Anderson
 Township of Brookhaven
 In Town of _____
 or _____
 City of _____ (No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 304 Registered No. _____
 (For use of Local Registrar)

Full Name of Child Joseph R. Fields If child is not yet named, make supplemental report as directed

Is it a boy or girl? Boy (4) Twin or Triplet? ✓ (5) Number in order of birth ✓ (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 16 1924
 (Name of Month) (Day) (Year)

FATHER.
 Full Name Rollie F. Fields
 Present Postoffice of Father Brookhaven
 Color or Race White (11) AGE AT LAST BIRTHDAY 35 (Years)
 Birthplace Anderson S. C.
 Occupation Farmer

MOTHER.
 Name before Marriage Mary Cordelia Gibson
 Present Postoffice of Mother Anderson S. C. R22
 Color or Race White (17) AGE AT LAST BIRTHDAY 34 (Years)
 Birthplace Green Co. Tenn.
 Occupation Housewife
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (18) I hereby certify that I attended the birth of this child, who was alive at 9:00 A. M. on the date above stated. (Born alive or stillborn? (Hour A. M. or P. M.)
 (22) (Signature) H. H. Smith
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson S. C.

Was name added from a supplemental report _____
 _____ 192 _____
 _____ Registrar

(26) Witness _____ (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Jan 11 1925 (28) W. C. Campbell 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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