

1. If the child is a female, mark the sex in the space provided. If the child is a male, mark the sex in the space provided. If the child is a female, mark the sex in the space provided. If the child is a male, mark the sex in the space provided.

(1) PLACE OF BIRTH

County of Barnwell
Township of West Cypress
OR
Inc. Town of:
or
City of:

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

Registration District No. 532

File No.—For State Registrar Only
303

Registered No.
(For use of Local Registrar)

(2) Full Name of Child

No Name

St. Ward
(No. of street and number.)

If child is not yet named, make
supplemental report as directed

(3) BOY OR GIRL Girl

(4) Twin or Triplet? No

(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 Jan 28 1922
(Specify Month) (Day) (Year)

FATHER

(8) FULL NAME Jonas Franklin Fields

(9) PRESENT POSTOFFICE OF FATHER Kliner D. C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE Barnwell Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER

(14) NAME BEFORE MARRIAGE Harriet Cornelia Crush

(15) PRESENT POSTOFFICE OF MOTHER Kliner D. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE Barnwell Co

(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 stillborn, at 7 P. M.
on the date above stated. (Specify Month, Day, Hour, M. or P. M.)
A. R. Patterson

(23) (Signature)
(24) State whether Physician or Midwife

(25) Address of Phys. or Midwife
Barnwell D. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(28) 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.