

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

OR

Inc. Town of

OR

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

File No.—For State Registrar Only
43326

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2905

Registered No. 28
(For use of Local Registrar)

(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

Dec 5, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Daniel Fielder

(9) PRESENT POSTOFFICE OF FATHER

Deceased

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

29 (Years)

(12) BIRTHPLACE

Newberry S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Donnie Darrah

(15) PRESENT POSTOFFICE OF MOTHER

Lanford, S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

19 (Years)

(18) BIRTHPLACE

Laurens Co, S.C.

(19) OCCUPATION

Farm hand

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

2

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature)

Anna Golden

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 15, 1922

(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.