

WHITE FLAKES IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

**(1) PLACE OF BIRTH**

County of Anderson  
 Township of .....  
 OR  
 Inc. Town of .....  
 OR  
 City of Anderson

**CERTIFICATE OF BIRTH**

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

File No. — For State Registrar Only  
**40731**

Registration District No. 3A

Registered No. 413  
(For use of Local Registrar)

**(2) Full Name of Child** Charles Whitehead Field

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) <b>BOY OR GIRL</b> <u>Boy</u>	(4) <b>Twin or Triplet?</b> To be answered only in event of Twins or Triplets	(5) <b>Number in order of birth</b>	(6) <b>Married?</b> <u>Yes</u>	(7) <b>DATE OF BIRTH</b> <u>12-7-1932</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) <b>FULL NAME</b> <u>Charles W. Field</u>		(14) <b>NAME BEFORE MARRIAGE</b> <u>May E. Rodgers</u>		
(9) <b>PRESENT POSTOFFICE OF FATHER</b> <u>Anderson S.C.</u>		(15) <b>PRESENT POSTOFFICE OF MOTHER</b> <u>Anderson S.C.</u>		
(10) <b>COLOR OR RACE</b> <u>W</u>	(11) <b>AGE AT LAST BIRTHDAY</b> <u>26</u> (Years)	(16) <b>COLOR OR RACE</b> <u>W</u>	(17) <b>AGE AT LAST BIRTHDAY</b> <u>20</u> (Years)	
(12) <b>BIRTHPLACE</b> <u>W.C.</u>	(13) <b>OCCUPATION</b> <u>operator</u>	(18) <b>BIRTHPLACE</b> <u>W.C.</u>	(19) <b>OCCUPATION</b> <u>house wife</u>	
20) <b>Number of children born to mother, including present birth</b> <u>2</u>		21) <b>Number of children of this mother now living, including present birth</b> <u>2</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. B. Crayton  
 (24) State whether Physician or Midwife Physician  
 (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report  
 ..... 19 .....

(26) **Witness** .....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
W. B. CRAYTON,  
 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.

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.