

(1) PLACE OF BIRTH

County of

Township of

OR
Inc. Town ofOR
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3916

Registration District No. 1546

Registered No. 7
(For use of Local Registrar)(No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.(2) Full Name of Child Maria J. Fields

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

(3) BOY OR
GIRL girl(4) Twin
or Triplet?(5) Number for
order of birth 1(6) Are
Parents
Married? yes(7) DATE OF
BIRTH Feb. 22, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME David W. Fields(9) PRESENT
POSTOFFICE
OF FATHER Lamar D.C. #1(10) COLOR
OR
RACE White(11) AGE AT LAST
BIRTHDAY 24
(Years)

(12) BIRTHPLACE

Darlington Co.

(13) OCCUPATION

Farmer(20) Number of children born to
mother, including present birth1 girl

MOTHER.

(14) NAME BEFORE
MARRIAGE Bertha M. Alexander(15) PRESENT
POSTOFFICE
OF MOTHER Lamar D.C.(16) COLOR
OR
RACE White(17) AGE AT LAST
BIRTHDAY 18
(Years)

(18) BIRTHPLACE

Darlington Co.

(19) OCCUPATION

House wife(21) Number of children of this mother
now living, including present birth1 girl

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Geo. R. Bell

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Lamar D.C.Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Feb. 22 19 22(28) R. M. Gray

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.