CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
17284

(1) PLACE OF BIRTH
County of Abbeville
Township of Due West
or
Inc. Town of ..... Registration District No. 106 Registered No. 33
(For use of Local Registrar)
or
City of ..... (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 Doris Fields } If child is not yet named, make supplemental report as directed

(3) Boy or Girl?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) Date of Birth
Girl	/ (To be answered only in event of Twins or Triplets)	10	yes	June 7, 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) Full Name: John Fields	(14) Name before marriage: Jenne Campbell
(9) Present Postoffice of Father: Due West	(15) Present Postoffice of Mother: Due West
(10) Color or Race: White (11) Age at last birthday: 44 (Years)	(16) Color or Race: White (17) Age at last birthday: 34 (Years)
(12) Birthplace: S C	(18) Birthplace: S C
(13) Occupation: Farmer	(19) Occupation: Dom
(20) Number of children born to mother, including present birth: 10	(21) Number of children of this mother now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 M., (Born alive or stillborn) (Hour ~~A.M.~~ or P. M.) on the date above stated.

(23) (Signature) E. R. Donnald M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife: Hones Path S C

Given name added from a supplemental report
..... 191....
..... Registrar

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

(27) Filed June 17 1922 (28) J. H. Brownlee
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.

Registrar Local Registrar.

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McCaw, of Columbia. McCAW, No. 2, etc., in question 3. N. McCAW, No. 1, THE OTHER.