

Form No. 3

1) PLACE OF BIRTH

County of Darlington
 Township of Lanier
 of
 Town of
 of
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
3593

Registration District No. 15-04 Registered No. 12
 (For use of Local Registrar)

Registrar Only

4
 (Registrar)

Ward

ed. make directed

02.3
 (Year)

son

30
 (Year)

1 P.M.
 (or P.M.)
 Cash
 or Midwife

sc

lin
 Registrar
 return

Full Name of Child Otis Fields

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

BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Feb 25, 1923
 (Name of Month) (Day) (Year)

FATHER.

FULL NAME

Wm Fields

PRESENT POSTOFFICE OF FATHER

Lanier

COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

24
 (Year)

BIRTHPLACE

SC

OCCUPATION

Public Works

Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Diola Burch

(15) PRESENT POSTOFFICE OF MOTHER

Lanier

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

10
 (Year)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

Miley Cooper

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lanier

same added from a supplemental report

(26) Witness

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

(27) Filed Feb 26, 1923

(28) R. J. Chaplin

Local Registrar

If 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 5th month of pregnancy.