

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce  
Bureau of the Census

16 093473

1. PLACE OF BIRTH

County of Darlington

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

00283

Township of \_\_\_\_\_

or

Inc. Town of Society Hill, S.C.

or

City of \_\_\_\_\_

Registration District No. 15-C

Registered No. \_\_\_\_\_

(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 Ruben Elbert Fields

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

3. Boy or Girl Boy 4. Twin, triplet or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term ✓ 7. Are Parents Married? yes 8. Date of birth Sept. 30, 1916  
(Month, day, year)

9. Full name Ephraim Buncean Fields

FATHER

18. Name before marriage Susan Margaret Hay

MOTHER

10. Residence (mailing address) Society Hill, S.C.  
(If non-resident, give place and State)

19. Residence (mailing address) Society Hill, S.C.  
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 28 (years)

20. Color or race white 21. Age at last birthday 27 (years)

13. Birthplace (city or place) See County, S.C.  
(State or country)

22. Birthplace (city or place) Darlington County S.C.  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housework

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. General Store

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. In own home

16. Date (month and year) last engaged in this work engaged at present 1912

25. Date (month and year) last engaged in this work at present 1912

17. Total time (years) 32 spent in this work 28

26. Total time (years) 3 spent in this work 28

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living one (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

I certify that I instilled or had instilled in the eyes of this child at 8 A.M. on above date Silver Nitrate 1%  
(Name of Prophylactic)

Cleft Palate \_\_\_\_\_ Hare Lip \_\_\_\_\_ Other Deformities Fingers missing on right hand  
(Specify)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from \_\_\_\_\_  
a supplementary report \_\_\_\_\_  
(Date of) \_\_\_\_\_

(Signed) A. D. Gregg, M. D.

or \_\_\_\_\_, Midwife

Address Hardison St.

Filed May 15, 1912 M. B. Woodward  
Local Registrar

State Registrar