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

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

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 Reuben Elbert Fields { If child is not yet named, make supplemental report as directed.3. Boy or Girl Boy If Plural births 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 1942
(Month, day, year)9. Full name Ephraim Duncan Fields
FATHER18. Name before marriage Susan Margaret Hay
MOTHER10. 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 5-2 (years)20. Color or race white 21. Age at last birthday 32 (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
OCCUPATION23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housework
OCCUPATION15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. General store24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. In own home16. Date (month and year) last engaged in this work engaged at present 1942 17. Total time (years) 7 spent in this work 3-225. Date (month and year) last engaged in this work at present 1942 26. Total time (years) 3 spent in this work 2-827. 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 2 fingers missing on right hand
(Specify)

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

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

or..... Midwife

Given name added from a supplementary report.....

Address Henderson Ave

..... (Date of).....

Filed May 15, 1942 M. B. Woodward
Local Registrar

State Registrar

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.)