

Form No. 3

(1) PLACE OF BIRTH

County of Fairfield
 Township of W 9
 or
 Loc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3740

Registration District No 19.08

Registered No. 10
 (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 Mary J. Filds

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

1. BOY OR GIRL Girl 2. Twin or Triplet? X 3. Number in order of birth 4 4. Are Parents Married yes 5. DATE OF BIRTH Feb 20 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

6. FULL NAME M. J. Filds
 7. PRESENT POSTOFFICE OF FATHER W. 9
 8. COLOR OR RACE col 9. AGE AT LAST BIRTHDAY 27 (Year)
 10. BIRTHPLACE Fairfield Co S
 11. OCCUPATION Farm laborer

MOTHER

12. NAME BEFORE MARRIAGE Leila Filds
 13. PRESENT POSTOFFICE OF MOTHER W. 9
 14. COLOR OR RACE col 15. AGE AT LAST BIRTHDAY 27 (Year)
 16. BIRTHPLACE Fairfield Co S
 17. OCCUPATION Farm laborer

18. Number of children born to mother, including present birth { } 19. Number of children of this mother now living, including present birth { }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

21. (Signature) Mary J. Filds 22. State whether Physician or Midwife midwife 23. Address of Physician or Midwife W. 9

24. Give name added from a supplemental report

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

26. Date Feb 27 1923 27. Registrar DeRaf

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes even dead it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.