

(1) PLACE OF BIRTH
 County of Barnwell
 Township of Bull Pond
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 506 Registered No. 38
 (For use of Local Registrar)
 No. St. Ward
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Mose fields

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth
 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 16 1916
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Mose fields</u>	(14) NAME BEFORE MARRIAGE <u>Elar Lawrence</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Alendale S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Alendale S.C.</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)
(12) BIRTHPLACE <u>Bull Pond</u>		(18) BIRTHPLACE <u>Bull Pond</u>	
(13) OCCUPATION <u>farmer</u>		(19) OCCUPATION <u>farmer wife</u>	
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was Barnwell S.C. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.
 (23) (Signature) Alberia Ford
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Alendale 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) Charlit Floy
 (27) Filled May 20 1916 (28) J. C. Pouse 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.