

(1) PLACE OF BIRTH

County of Abbeville
 Township of Dave Treat

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

24404

Inc. Town of Registration District No. 124 Registered No. 6-9
 or
 (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. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 8-3-1912
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Kees Fields

(9) PRESENT POSTOFFICE OF FATHER Honea Path S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30
 (Year)

(12) BIRTHPLACE Anderson Co.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Eulah Meeker

(15) PRESENT POSTOFFICE OF MOTHER Honea Path S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
 (Years)

(18) BIRTHPLACE La.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 5-45 Am.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. H. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife MD. Honea Path SC.

Given name added from a supplemental report

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

(27) Filed July 12, 1912 (28) J. H. Brasfield
 Registrar 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.

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