

(1) PLACE OF BIRTH

County of York
 Township of Westminster
 or
 Inc. 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

1647

Registration District No. 1600 Registered No. 6
 (For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Fields If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Twin or Triplet? _____ (5) Number in order of Birth _____ (6) Age Parents Married? Yes (7) DATE OF BIRTH Jan 28 1922
 (Month of Month) (Day) (Year)

FATHER

(8) FULL NAME Isa Fields
 (9) PRESENT POSTOFFICE OF FATHER Sheldon S.C.
 (10) COLOR OF RACE Col. (11) AGE AT LAST BIRTHDAY 46
 (Years)
 (12) BIRTHPLACE Brunson S.C.
 (13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Mary Deckerward
 (15) PRESENT POSTOFFICE OF MOTHER Sheldon S.C.
 (16) COLOR OF RACE Col. (17) AGE AT LAST BIRTHDAY 43
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House work

(20) Number of children born to mother, including present birth Twelve (21) Number of children of this mother now living, including present birth Twelve

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Mary Fields at 11 A.M.
 on the date above stated. (Hour of birth or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Julia Weston
 (24) State, whether a Physician or Midwife _____ (25) Address of Physician or Midwife Sheldon S.C.

Given name and full name of child as reported

(26) Witness Edna Weston
 (Signature of Witness necessary only when question 27 is signed by mark)

(27) Filed Jan 28 1922 (28) Local Registrar W. R. R. R.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born dead, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.