

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of York
 or
 City of York

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

7667

Registration District No. 3008 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 Joshua Abraham Fields If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married <u>Yes</u>	7) DATE OF BIRTH <u>Feb 7, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>William T. Fields</u>	14) NAME BEFORE MARRIAGE <u>Lucy Stupper</u>			
9) PRESENT POSTOFFICE OF FATHER <u>Bishopscourt</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Bishopscourt</u>			
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY <u>16</u> (Years)	
12) BIRTHPLACE <u>NC</u>	18) BIRTHPLACE <u>Florida</u>			
13) OCCUPATION <u>Farmer</u>	19) OCCUPATION <u>Housewife</u>			
20) Number of children born to mother, including present birth <u>1</u>	21) Number of children of this mother now living, including present birth <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. H. Baker
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Bishopscourt

Given name added from a supplemental report

(26) Witness W. H. Baker (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Apr 14, 1923 (28) W. H. Baker 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.