

1. PLACE OF BIRTH

County of Oconee
 Township of Seneca
 or
 Inc. Town of Seneca
 or
 City of Seneca

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

31470

Registration District No. 35-B Registered No. 9
 (For use of Local Registrar)

St. _____ Ward _____
 (No. _____)

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

2. FULL NAME OF CHILD Henry Jacob Field

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

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 23 1922
 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME John Oliver Field9. PRESENT POSTOFFICE OF FATHER Seneca, S. C.10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 41 (Years)

12. BIRTHPLACE

Pickens Co.

13. OCCUPATION

Merchant14. Number of children born to mother, including present birth 5

MOTHER

14. NAME BEFORE MARRIAGE Nora Deniza Nimons15. PRESENT POSTOFFICE OF MOTHER Seneca, S. C.16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 40 (Years)

18. BIRTHPLACE

Oconee County, S. C.

19. OCCUPATION

House Wife21. Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

23. Signature E. C. Doyle, M. D. E. C. Doyle

24. State whether Physician or Midwife Physician 25. Address of Physician or Midwife Seneca, S. C.

Given name added from a supplemental report

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Registrar

26. Witness

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

27. Filed 9/10 1922

J. E. Hopkins
 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.

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N.B.—In case of TWINS or TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Home

Township of Sebec

or
Inc. Town of Sebec

or
City of Sebec

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

Registration District No. 35B

File No.—For State Registrar Only
31470

Registered No. 9
(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 Henry Jacob Field

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

BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 13 1917 (Name of Month) (Day) (Year)

FATHER. Oliver Field MOTHER. Anna Dora Newman

(8) FULL NAME Oliver Field (14) NAME BEFORE MARRIAGE Anna Dora Newman

(9) PRESENT POSTOFFICE OF FATHER Sebec (15) PRESENT POSTOFFICE OF MOTHER Sebec S.C.

(10) COLOR OR RACE White (16) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 41 (17) AGE AT LAST BIRTHDAY 40

(12) BIRTHPLACE Sebec S.C. (18) BIRTHPLACE Sebec S.C.

(13) OCCUPATION Merchant (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) 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.)

(23) (Signature) Blanche

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sebec

Given name added from a supplemental report

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

(27) Filed May 13 1917 (28) Sebec Local Registrar

When there was no attending physician or midwife, then the father, householders, 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.