

(1) PLACE OF BIRTH

County of Lee

Township of

or Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3070

No. 41390

Registered No. 88
(For use of Local Registrar)

(2) Full Name of Child Jessie Fields
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Girl (4) Twin or Triplet ✓ (5) Number in order of birth 1 (6) Are Parents Married ✓ (7) DATE OF BIRTH 12-11-23
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Walter Fields
(9) PRESENT POSTOFFICE OF FATHER Bishopville SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 19
(12) BIRTHPLACE Spartanburg Co SC
(13) OCCUPATION Farmer

MOTHER.
(14) NAME BEFORE MARRIAGE Linney Polson
(15) PRESENT POSTOFFICE OF MOTHER Bishopville SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 17
(18) BIRTHPLACE Lee Co SC
(19) OCCUPATION House wife
(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (23) born alive or stillborn (24) at 6 P.M.
on the date above stated. (25) at 6 P.M.

(26) (Signature) R. M. Jones (27) Address of Physician or Midwife Lydia SC

Given name added from a supplemental report
(28) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(29) 22-23 (30) R. M. Jones Registrar

When there is a physician or midwife, then the father, householder, etc., should make this return. If a child is born dead, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.