

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 1.

(1) PLACE OF BIRTH County of <u>Allendale</u> , Township of <u>1st</u> Inc. Town of <u>Scrimter</u> City of <u>Scrimter</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>4600</u> Registered No. <u>23</u> (For use of Local Registrar)		File No.—For State Registrar Only 5894
(2) Full Name of Child <u>Bella Fields</u>		(If child is not yet named, make supplemental report as directed)		
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>Triplet</u> To be answered only in case of Twins or Triplets	(5) Are Parents Married? <u>yes</u>	(6) DATE OF BIRTH <u>Mar 8</u> 19 <u>23</u> (Name of Month) (Day) (Year)	
FATHER. (8) FULL NAME <u>Sammie Fields</u> (9) PRESENT POSTOFFICE OF FATHER <u>Allendale</u> (10) COLOR OR RACE <u>Solbreed</u> (11) AGE AT LAST BIRTHDAY <u>29</u> (Years) (12) BIRTHPLACE <u>Lawton Place</u> (13) OCCUPATION <u>Farming</u> (20) Number of children born to mother, including present birth <u>17</u>		MOTHER. (14) NAME BEFORE MARRIAGE <u>Maury Harris</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Allendale</u> (16) COLOR OR RACE <u>Solbreed</u> (17) AGE AT LAST BIRTHDAY <u>28</u> (Years) (18) BIRTHPLACE <u>Erwins place</u> (19) OCCUPATION <u>Farming</u> (21) Number of children of this mother now living, including present birth <u>17</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>9</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Alberdine Ford</u> (24) State whether <u>Physician or Midwife</u> (25) Address of Physician or Midwife <u>Scrimter, Allendale</u> (Given name added from a supplemental report) (26) Witness <u>F. H. Boyd</u> (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Mar 12 1923</u> (28) <u>F. H. Boyd MD</u> 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.