

Form No. 1

(1) PLACE OF BIRTH

County of Eff.Township of Shelburne

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

41049

Registration District No. 604Registered No. 187
(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child

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

| | | | | |
|----------------------------|--|-----------------------------|------------------------------------|---|
| 3) BOY OR GIRL? <u>boy</u> | 4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u> | 5) Number in order of birth | 6) Are Parents Married? <u>Yes</u> | 7) DATE OF BIRTH <u>Dec 9, 1921</u> (Name of Month) (Day) (Year) |
|----------------------------|--|-----------------------------|------------------------------------|---|

FATHER.

(8) FULL NAME Markie Fields(9) PRESENT POSTOFFICE OF FATHER Frogwood(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE Sp(13) OCCUPATION Porter(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Maybell Fields(15) PRESENT POSTOFFICE OF MOTHER Frogwood(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 29
(Years)(18) BIRTHPLACE Sp(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ella Jenkins

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed 12/12/21 J. B. Thomas
Registrar 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.

THIS IS A PERMANENT RECORD.
FATHERS OR MOTHERS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.