

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(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

File No. For State Registrar Only
22055

Registration District No. Registered No. 1911

(For use of Local Registrar)

2) Full Name of Child Jessie Boulware 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

To be answered only in event of twins or triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH June 1st 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Fields

(9) PRESENT POSTOFFICE OF FATHER

Monrovia, S. C. R.T.D.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

19
(Years)

(12) BIRTHPLACE

Fairfield Co

(13) OCCUPATION

Farm Hand

(20) Number of children born to mother, including present birth

{ 1

MOTHER.

(14) NAME BEFORE MARRIAGE

Alice Kelley

(15) PRESENT POSTOFFICE OF MOTHER

Monrovia, S. C. R.T.D.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

19
(Years)

(18) BIRTHPLACE

Fairfield Co. S. C.

(19) OCCUPATION

Housewife

(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 at 3:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Saml. J. Murray

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

Monrovia

Given name added from a supplemental report

(26) Witness

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

(27) Filed

..... 191

(28)

K. L. Turner
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.
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