

Form No. 1

(1) PLACE OF BIRTH

County of CherokeeTownship of Cherokee

or

Inc. Town of Cherokee

or

City of Cherokee

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

(2) Full Name of Child

Levelyn Fields

File No. For State Registrar Only

33736

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. Registered No.

(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Cohen Fields

(9) PRESENT POSTOFFICE OF FATHER

McBee

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24

(12) BIRTHPLACE

McBee

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Caro McDonald

(15) PRESENT POSTOFFICE OF MOTHER

McBee

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

29

(18) BIRTHPLACE

McBee

(19) OCCUPATION

Homemaker

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

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 8:30 a.m. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(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 parent)

(27) Filed

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(28)

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.

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.