

(1) PLACE OF BIRTH

County of Anderson
 Township of Martins
 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

3063

Registration District No. 307 Registered No. 10
 (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 Vera Fields

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

3) SON-OR GIRL? 4) Twin or Triplet? 5) Number in order of birth 6) Are Yes Parent Married? 7) DATE OF BIRTH Jan 22 19 22
 (Name of Month) (Day) (Year)
 To be answered only in event of Twins or Triplets

FATHER.

1) FULL NAME Allen Fields
 2) PRESENT POSTOFFICE OF FATHER Belton SC
 11) COLOR OR RACE White 12) AGE AT LAST BIRTHDAY 35 (Years)
 13) BIRTHPLACE SC
 14) OCCUPATION Farming
 20) Number of children born to mother, including present birth 4

MOTHER.

15) NAME BEFORE MARRIAGE Bessie Thomas
 16) PRESENT POSTOFFICE OF MOTHER Belton
 17) COLOR OR RACE White 18) AGE AT LAST BIRTHDAY 30 (Years)
 19) BIRTHPLACE GA
 21) OCCUPATION Housewife
 22) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was alive at 5 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Emma L. Sims
 State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Belton SC R 4

Given name added from a supplemental report

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

(27) Filed Mar 10 22 19 (28) P. T. L. Harris 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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MARGIN RESERVED FOR INDEXING.

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. THIS OFFICE, No. 2, etc., in question 5.

Register of Deaths, Cause, B. C.

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