

(1) PLACE OF BIRTH

County of SummervilleTownship of Drusht. lineor
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

18779

Registration District No. 22.05 Registered No. 27
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child J. E. Fielder
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

| | | | | |
|--------------------------------|------------------------------------|--|--|--|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? <u>Yes</u> | (5) Number in order of birth <u>2</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>June 18 7 27</u> (Name of Month) (Day) (Year) |
|--------------------------------|------------------------------------|--|--|--|

FATHER.

(8) FULL NAME Oscar Fielder(9) PRESENT POSTOFFICE OF FATHER Money creek SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1 6

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Jordan(15) PRESENT POSTOFFICE OF MOTHER Money creek(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION at home(21) Number of children of this mother now living, including present birth 1 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:25 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. Stoddard
(24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Money creek S.C.

Given name added from a supplemental report

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

(27) Filed June 19 22 W. A. Ross 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.

WHEN PLACING, WITHIN THE SPACE PROVIDED, IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD.
 N. B.—In case of TWINS OR TRIPLETS, use a SEPARATE BLANK, No. 2, etc., in question 5.
 MCGAW OF COLUMBIA, COLUMBIA, S. C.