

Form No. 1

CERTIFICATE OF BIRTH **STATE OF SOUTH CAROLINA** Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only

79756

(1) PLACE OF BIRTH

County of York

Township of Bertha

In Town of

or

City of

Registration District No. 440

Registered No. 210
(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 Chas. Edmund Field

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

(3) SEX OR GIB? Boy	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Aug 30 1916 (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME	Charles E. Field	(14) NAME BEFORE MARRIAGE	Sylvia Springs
(9) PRESENT POSTOFFICE OF FATHER	Smiths Jo.	(15) PRESENT POSTOFFICE OF MOTHER	Smiths Jo.
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY	20 (Years)	(17) AGE AT LAST BIRTHDAY	18 (Years)
(12) BIRTHPLACE	Chester Co. S.C.	(18) BIRTHPLACE	York Co. S.C.
(13) OCCUPATION	Tom L. Lora	(19) OCCUPATION	Lora
(20) Number of children born to mother, including present birth	2	(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 at 8 A.M. (Born alive or stillborn) (Hour A.M. or P.M.) on the date above stated.

(23) (Signature) Susan Field

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Smiths J.O. S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 9/9 1916 (28) S. H. Love 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.