

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
Perthosa

Township 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 Chos. Edmund Field If child is not yet named, make supplemental report as directed

(3) SEX OR GIBL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 30 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Charley G. Field

(9) PRESENT POSTOFFICE OF FATHER Smiths Jo.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Chester Co. S.C.

(13) OCCUPATION Yarn Laborer

(14) Number of children born to father, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Sylvia Springs

(15) PRESENT POSTOFFICE OF MOTHER Smiths Jo.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE York Co. S.C.

(19) OCCUPATION Laborer

(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 (Hour) A. M. or P. M. on the date above stated.

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

Given name added from a supplemental report
....., 191.....
Registrar

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

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