

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		FILE-TO-BE-MADE	
County of <u>Washington</u>		STATE OF SOUTH CAROLINA		840	
Township of <u>04</u>		Bureau of Vital Statistics			
or Inc. Town of <u>04</u>		State Board of Health			
City of <u>04</u>		Registration District No. <u>1, 2, 3, 4</u>		Registered No. <u>7</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Andrews Field</u> (If child is not yet named, make supplemental report as directed)					
(3) SEX <u>Boy</u>	(4) Twin or Triplet <u>Twins</u>	(5) Number in order of birth <u>1</u>	(6) Sex of mother <u>Female</u>	(7) DATE OF BIRTH <u>Jan 4, 23</u>	
PATHER.			MOTHER.		
(8) FULL NAME <u>Columbus Field</u>			(14) NAME BEFORE MARRIAGE <u>Lillian James</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Washington R</u>			(16) PRESENT RESIDENCE OF MOTHER <u>Washington R</u>		
(10) COLOR OR RACE <u>Col.</u>			(12) COLOR OR RACE <u>Col.</u>		
(11) AGE AT LAST BIRTHDAY <u>39</u>			(13) AGE AT LAST BIRTHDAY <u>38</u>		
(15) BIRTHPLACE <u>S.C.</u>			(17) BIRTHPLACE <u>S.C.</u>		
(18) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>at home</u>		
(20) Number of children born to mother, including present birth <u>9</u>			(21) Number of children of this mother now living, including present birth <u>9</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>Female</u> on the date above stated. (Born alive or stillborn) (Born A. M. or P. M.) <u>3 A. M.</u>					
(23) (Signature) <u>F. J. ...</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Washington</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)		
19 <u>23</u> Registrar			(27) Filed <u>Jan 24, 23</u> (28) <u>E. J. ...</u>		

If a child breathes even once, it must not be reported as stillborn. It must be reported as such before the fifth month of gestation.