

PLACE OF BIRTH
County of Fairfield
Township of
or
Town of

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

No. 20870 (For use of Local Registrar only)

Registration District No. 1907 Registered No. 46
(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.
If child is not yet named, make supplemental report as directed

Full Name of Child Leo Bayfield Jr DATE OF BIRTH July 23

| | | | | |
|---|---------------------|------------------------------|-----------------------------------|--|
| BOY OR GIRL <u>by</u> | (4) Twin or Triplet | (5) Number in order of birth | (6) Age Parents Married <u>40</u> | (7) DATE OF BIRTH (Month) (Day) (Year) |
| FATHER. | | | | |
| (14) NAME BEFORE MARRIAGE <u>Leo Bayfield</u> | | | | |
| (15) PRESENT POSTOFFICE OF FATHER <u>Rocky Mt</u> | | | | |
| (16) COLOR OR RACE <u>White</u> | | | | |
| (17) AGE AT LAST BIRTHDAY <u>40</u> | | | | |
| (18) BIRTHPLACE <u>Fairfield</u> | | | | |
| (19) OCCUPATION <u>Farmer</u> | | | | |
| (20) 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 born alive at Rocky Mt, S.C.
on the date above stated. (Signature) Leo Bayfield Jr (23) Address of Physician or Midwife
(24) State whether Physician or Midwife

Given name added from a supplemental report
(25) Witness (Signature of Witness necessary only when question 22 is signed by clerk)
(26) Filed 7/23 Q. E. Hooten 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.