

(1) PLACE OF BIRTH

County of AndersonTownship of Bellton

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2APNo. 212Registered No. 1
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Franklin Clyde Fields

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

(3) SEX OF CHILD Male (4) TYPE OF BIRTH Normal (5) NUMBER OF CHILD 1 (6) AGE AT LAST BIRTHDAY 23 (7) COLOR OF SKIN White (8) BIRTHPLACE Bellton S.C.FATHER.
(9) FULL NAME Levin Evans Fields
(10) RESIDENT ADDRESS OF FATHER Bellton S.C.
(11) COLOR OF FATHER White (12) AGE AT LAST BIRTHDAY 29
(13) BIRTHPLACE Bellton S.C.
(14) OCCUPATIONMOTHER.
(15) FULL NAME Lessie Lee Smith
(16) RESIDENT ADDRESS OF MOTHER Bellton S.C.
(17) COLOR OF MOTHER White (18) AGE AT LAST BIRTHDAY 24
(19) BIRTHPLACE Bellton S.C.
(20) OCCUPATION(21) Number of children of this mother now living, including this child 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 A. M., on the date above stated. (Born alive or stillborn) (Day, M., or P. M.)(23) (Signature) Chas. Russell McD.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Bellton S.C.

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by father)

(27) Signed Feb 3 1923 (28) J. S. Hester (29) 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 return is desired of stillbirths before the fifth month of pregnancy.

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