

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenvilleor
Inc. Town of Greenvilleor
City of Greenville

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 101

File No.—For State Registrar Only

26036

Registered No. 1611
(For use of Local Registrar)(2) Full Name of Child Dr. Lee Carmon If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 9, 1927
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Shell Carmon(9) PRESENT POSTOFFICE OF FATHER Concord(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39
(Years)(12) BIRTHPLACE Dorchester Co SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Miles(15) PRESENT POSTOFFICE OF MOTHER Clanta SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39
(Years)(18) BIRTHPLACE Dorchester Co SC(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. K. Gay(24) State whether Physician or Midwife MD(25) Address of Physician or Midwife Clanta SC

Given name-added from a supplemental report

(26) Witness Dr. J. K. Gay
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 11/12/27 (28) 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.