

Form No. 1

## (1) PLACE OF BIRTH

County of DorchesterTownship of Rogeror  
Inc. Town of .....or  
City of .....

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

(2) Full Name of Child Elizabeth Lemmon child is not yet named, make supplemental report as directed(3) -BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH July 19<sup>th</sup> 1922  
(Sign of Month) (Day) (Year)(8) FULL NAME FATHER John Lemmon(9) PRESENT POSTOFFICE OF FATHER Reesville S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23  
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Harmer(20) Number of children born to mother, including present birth 1(14) NAME BEFORE MARRIAGE MOTHER Adilee Primes(15) PRESENT POSTOFFICE OF MOTHER Reesville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20  
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Helper on Farm(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 Born alive at 5 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hattie Lee Brown(24) State whether Physician or Midwife Midwife of Physician or Midwife

Given name added from a supplemental report

(25) Witness E. C. Cherlandt

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

(27) Filed Oct 6<sup>th</sup> 1922 (28) E. C. Cherlandt  
Registrar 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.

SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.