

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

State of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of *Fairfield Co.*
Township of *Winnsboro S.C.*
OR
Inc. Town of.....
OR
City of *Winnsboro S.C.*

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

34273

Registration District No. *19. A*

Registered No. *1911*
(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 *Moyce Lemon*

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

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Oct 26 1922*
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME *Damon Lemon*
(9) PRESENT POSTOFFICE OF FATHER *Winnsboro S.C.*
(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *22* (Year)
(12) BIRTHPLACE *Fairfield Co.*
(13) OCCUPATION *Public Work.*
(20) Number of children born to mother, including present birth *First*

MOTHER
(14) NAME BEFORE MARRIAGE *Bertie Camp*
(15) PRESENT POSTOFFICE OF MOTHER *Winnsboro S.C.*
(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *22* (Year)
(18) BIRTHPLACE *Fairfield Co.*
(19) OCCUPATION *Public Work*
(21) Number of children of this mother now living, including present birth *First*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born at 3:25 at P.M.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) *L. J. Mitchell, midwife* (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *Oct 26 1922* (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.