

## (1) PLACE OF BIRTH

County of Clarendon  
 Township of Plowden's Hill  
 OR  
 Inc. Town of.....  
 OR  
 City of.....

## CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

41812

Registration District No. 1314 Registered No. 68

(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 Harriet Sarah Flemming 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 10, 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Fleetwood L. Flemming(9) PRESENT POSTOFFICE Alcola R. 1 S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39  
 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Lou Simms(15) PRESENT POSTOFFICE OF MOTHER Alcola R. 1 S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19  
 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(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 9 A.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness F. L. Flemming  
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan. 4, 1923 (28) R. E. Thompson  
 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.