

(1) PLACE OF BIRTH

County of Florence
 Township of Camus

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

42355

Inc. Town of Registration District No. 200 Registered No. 107
 or (For use of Local Registrar)
 City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Fleming If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 28 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Fleming

(9) PRESENT POSTOFFICE OF FATHER Pamphico S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Florence County

(13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Alberta Beaman

(15) PRESENT POSTOFFICE OF MOTHER Pamphico S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Florence County

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) John H. Poston

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) (Signature)

(27) (Signature of witness necessary only when question 24 is signed by mark)

(28) (Signature)

(29)

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.

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