

## (1) PLACE OF BIRTH

County of *See to B*Township of *Jama*or Inc. Town of *Hamden*City of *Hamden*

(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

File No.—For State Registrar Only

19331

Registration District No. *3006*Registered No. *44*

(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child *Eva Lehmung*

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

(3) BOY OR GIRL *girl*(4) Twin or Triplet? *One*

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

*June 2, 22*

(Specify of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Earl Lehmung*

(9) PRESENT POSTOFFICE OF FATHER

*Hamden S.C.*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*34*

(Years)

(12) BIRTHPLACE

*S.C.*

(13) OCCUPATION

*Magret Office*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Magaret Lehmung*

(15) PRESENT POSTOFFICE OF MOTHER

*Hamden S.C.*

(16) COLOR OR RACE

*white*

(17) AGE AT LAST BIRTHDAY

*25*

(Years)

(18) BIRTHPLACE

*S.C.*

(19) OCCUPATION

*Home wife*

(20) Number of children born to mother, including present birth

*5*

(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 *alive* at *10 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *E. C. Lehmung*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician Hamden S.C.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *June 17, 1922*(28) *J. C. Butlaw*

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.

STATION RECEIVED FOR BIRTHING. WITH ENCLAVING ENCLAVING. IN THE PRESENT REPORTED. IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1 THIS OTHER, NO. 2, ETC. IN QUESTION 8.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.

IN 11—In case of TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1 THIS OTHER, NO. 2, ETC. IN QUESTION 8.