

## (1) PLACE OF BIRTH

County of FairfieldTownship of 15or  
Inc. Town of .....or  
City of .....

(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

46159

Registration District No. 1914 Registered No. 34  
(For use of Local Registrar)(2) Full Name of Child Samm Lemon { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Jan 18, 1916</u> (Name of Month) (Day) (Year)
-----------------------------	--------------------------------	---------------------------------------	------------------------------------	---

## FATHER.

(8) FULL NAME Allegre Francis

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 17 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Belle Lemon(15) PRESENT POSTOFFICE OF MOTHER Dawkins St(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Fairfield Co(19) OCCUPATION House Worker(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at Monticello on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Anna Lyles M. Lyles(24) State whether Physician or Midwife (25) Address of Physician or Midwife Monticello

Given name added from a supplemental report

191...

Registrar

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

(27) Filed Jan 1916 (28) J. B. Ball 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.

WRITING 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.

McGraw-Hill, New York