

*By Court Order dtd 9-28-83

(1) PLACE OF BIRTH

County of Clarendon
 Township of Lanning Swamp
 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

880

Registration District No. 1315-B, Registered No.
 (For use of Local Registrar)

*Claudine Nesbert Lemon

(2) Full Name of Child

Claude N. Lemmon

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

(3) BOY OR GIRL? Female (4) Twin or Triplet? Boy (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 28, 19 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. *Elliott Lemon

MOTHER *Metter Bannister

(8) FULL NAME Elliott Lemon

(14) NAME BEFORE MARRIAGE Metty Johnson

(9) PRESENT POSTOFFICE OF FATHER Silver SC

(15) PRESENT POSTOFFICE OF MOTHER Silver SC

(10) COLOR OR RACE 1 (11) AGE AT LAST BIRTHDAY 26 (Years)

(16) COLOR OR RACE 1 (17) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Clarendon

(18) BIRTHPLACE Clarendon

(13) OCCUPATION Farmed.

(19) OCCUPATION Housewife

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

(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Lilli Metter

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Silver

Given name added from a supplemental report

CO# 18,478

Filed: 10-7-83 mb

19 ..
 Registrar

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

(27) Filed 10-7-83 (28) af white 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.

MARGIN RESERVED FOR BINDING.
 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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.

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