

*By Court Order dtd 9-28-83

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Clarendon
Township of Sammy Swamp
or
Inc. Town of.....
or
City of

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

880

Registration District No. 1315^B, Registered No. 1.....
(For use of Local Registrar)

*Claudine Nesbert Lemon

(2) Full Name of Child Claudine N. Lemson (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Female (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 22, 19 72
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER: *Elliott Lemon
(8) FULL NAME Elliott Lemon
(9) PRESENT POSTOFFICE OF FATHER Silver SC
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Clarendon
(13) OCCUPATION Farmed.
(20) Number of children born to mother, including present birth Three

MOTHER: *Metter Bannister
(14) NAME BEFORE MARRIAGE Nettie Johnson
(15) PRESENT POSTOFFICE OF MOTHER Silver SC
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Clarendon
(19) OCCUPATION Housewife
(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 alive at 10 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

(20) 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.

FORM OF COLUMBIA, COLUMBIA, S. C.

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