

Form No. 1.

(1) PLACE OF BIRTH

County of Leflore
Township of Cherokee
or
Inc. Town of Balsburg
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

9063

Registration District No. 31-A Registered No. 134
(For use of Local Registrar)

Sl.: _____ Ward _____
If child is not yet named, make supplemental report as directed

(2) Full Name of Child Jephthah Amos Lemick

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are parents married? yes (7) DATE OF BIRTH Mar 24 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elzie Lemick
(9) PRESENT POSTOFFICE OF FATHER Balsburg Ok
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Arklin Ok
(13) OCCUPATION Passing Club
(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Betty Smith
(15) PRESENT POSTOFFICE OF MOTHER Balsburg Ok
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Saluda Co
(19) OCCUPATION Housewife
(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 Balsburg, on the date above stated. (Hour A. M. or P. M.) 11 P. M.

(23) (Signature) Amelia X. Emley
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Balsburg Ok

Given name added from a supplemental report _____

(26) Witness S. T. Atkinson
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 27 1916 (28) S. T. Atkinson 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.

NEVER RETURNED FOR BINDING. WRITE PLAINLY. WHEN UNFADING INK—PINK 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.