

(1) PLACE OF BIRTH

County of L. Anderson
 Township of Sandy Grove
 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

14424

Registration District No. 1316... Registered No. 18
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child B. B. Richard Hemming If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>7</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 5</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME B. B. Hemming
 (9) PRESENT POSTOFFICE OF FATHER Lake City S.C.
 (10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE Anderson Co.
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie M. Fadden
 (15) PRESENT POSTOFFICE OF MOTHER Lake City S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 29 (Years)
 (18) BIRTHPLACE Florence Co.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive... at... 4:15 P.M....
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Gordon(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Lake City 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 May 8 1922 (28) G. H. M. Fadden 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.