

(1) PLACE OF BIRTH

County of

Township of

OR

Inc. Town of

OR

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10 - For State Registrar Only

42690

Registration District No. 40-01

Registered No.

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Rosa Fleming

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

(3) SEX OF CHILD

yes

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

yes

(7) DATE OF BIRTH

BIRTH 10-22-23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Louis Fleming

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

24

(12) BIRTHPLACE

Spartanburg

(13) OCCUPATION

Laborer

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

2

(14) NAME BEFORE MARRIAGE

Rosa B. Fleming

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

23

(18) BIRTHPLACE

Spartanburg

(19) OCCUPATION

Housewife

(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 ... at ... on the date above stated.

(23) (Signature)

J. A. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Given name added from a supplemental report

(26) Witness

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

(27) Filed

1-1-24

(28)

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.

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