

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, S. C.

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Campobello
 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

36427

Registration District No. 4001-2Registered No. 101
(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 Ashley Conway Fleming

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 22, 1922
 (Specify of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lee Fleming
 (9) PRESENT POSTOFFICE OF FATHER Campobello SC #13
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
 (12) BIRTHPLACE S.C.

(13) OCCUPATION Western Union
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Alberta Harrell
 (15) PRESENT POSTOFFICE OF MOTHER Campobello SC #13
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
 (18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) T. B. Morrow(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Campobello S.C.

(26) Witness

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

(27) Filed 10-3119 22(28) C. L. Mayberry

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.