

## (1) PLACE OF BIRTH

County of LaurensTownship of LaurensInc. Town of .....  
or  
orCity 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

15634

Registration District No. 2904Registered No. 64

(For use of Local Registrar)

(2) Full Name of Child Mamie Fleming

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

(3) BOY OR GIRL? girl

(4) Twin or triplet?

(5) Number in order of birth 4(6) Are Parents Married? yes(7) DATE OF BIRTH May 5, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Gary Fleming(9) PRESENT POSTOFFICE OF FATHER Laurens St 5(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 27

(Years)

(12) BIRTHPLACE Laurens(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Four

## MOTHER.

(14) NAME BEFORE MARRIAGE Katie Fleming(15) PRESENT POSTOFFICE OF MOTHER Laurens(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 23

(Years)

(18) BIRTHPLACE Laurens(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ophelia Cunningham(24) State whether Physician or Midwife Midwife address of Physician or Midwife Laurens

Given name added from a supplemental report

(26) Witness Charity Johnson

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

(27) Filed May 16, 1922

(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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