

## (1) PLACE OF BIRTH

County of FlamoraTownship of PepperInc. Town of .....  
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

85644

Registration District No. 2013 Registered No. 75  
(For use of Local Registrar)

St.; ..... Ward

(2) Full Name of Child Major Fleming If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 27, 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Allen Fleming(9) PRESENT POSTOFFICE OF FATHER Pamphlet SC(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Flamora CO(13) OCCUPATION Farming(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Williams(15) PRESENT POSTOFFICE OF MOTHER Pamphlet SC(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Flamora CO(19) OCCUPATION House work(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 ..... at ..... P. M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Mag. Rhoads  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

May 15, 1917  
W. W. Miller  
Sept Registrar

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

(27) Filed Dec 26, 1916 (28) W. W. Miller 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.

WHITE 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.

McGraw, of Columbia.