

MAGNIFY REPRODUCED FOR READING. WITH EXAMINING THIS COPY IN A TELESCOPIC READER. THIS COPY IS NOT VALID FOR COURT CASES, AND MARKS THE Mc McCaw, of Columbia.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

(1) PLACE OF BIRTH  
 County of Lee  
 Township of Melro  
 or  
 Inc. Town of ..... Registration District No. 3004 Registered No. 921  
 (For use of Local Registrar)  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
90721

(2) Full Name of Child Edward Lee Lemon } 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>December 6, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Mallica Ed. Lemon Jr.</u>	(14) NAME BEFORE MARRIAGE		(15) PRESENT POSTOFFICE OF MOTHER <u>Carmile Parker Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Elliott, S.C.</u>	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(18) BIRTHPLACE <u>Abeville Co. S.C.</u>		(19) OCCUPATION <u>House Wife</u>
(12) BIRTHPLACE <u>Lee Co. S.C.</u>	(13) OCCUPATION <u>Farming</u>		(20) Number of children born to mother, including present birth { <u>2</u>	
(21) Number of children of this mother now living, including present birth { <u>2</u>				

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 6 ..... A.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. J. Matthews

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Elliott, S.C.

Given name added from a supplemental report  
 \_\_\_\_\_, 191...  
 \_\_\_\_\_  
 Registrar

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

(27) Filed Dec 15, 1916 (28) M. S. Smith 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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