

Form No 1.

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

15912

Registration District No. 140.6

Registered No. 7

(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child

Desmond Ellis Fledmon

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

(3) BOY OR GIRL?

Boy

(4) Twin or triplet?

Yes

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan 22, 1916

To be answered only in case of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Long Fletcher

(9) PRESENT POSTOFFICE OF FATHER

Walterboro SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34

(Years)

(12) BIRTHPLACE

Colleton Co SC

(13) OCCUPATION

Farmer

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Catherine Wright

(15) PRESENT POSTOFFICE OF MOTHER

Walterboro SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

32

(Years)

(18) BIRTHPLACE

Colleton Co - SC

(19) OCCUPATION

House work

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Dr. C. B. ...

(24) State whether Physician or Midwife

Physician

White Hall SC

Given name added from a supplemental report

(25) Witness

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

(27) Filed Jan 30, 1916

(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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH ENFADING INK—THIS IS A PERMANENT RECORD. W. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

Cal. of Columbia