

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of .....or  
City of Columbia

(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

66019

Registration District No. 38-2Registered No. 163

(For use of Local Registrar)

St.: 4 Ward)(2) Full Name of Child. Nolan Silas Fleming

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH June 7

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Charles B. Fleming

(9) PRESENT POSTOFFICE OF FATHER

Columbia S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

38 (Years)

(12) BIRTHPLACE

Abbeville Co. S.C.

(13) OCCUPATION

Machinist

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

3 (3)

(14) NAME BEFORE MARRIAGE

Ellen E. Lovick

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

45 (Years)

(18) BIRTHPLACE

Lexington Co. S.C.

(19) OCCUPATION

House wife

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

2 (2)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive 6:15 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) D. S. P. M. D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 6

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(28)

William P. P. M. D.

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.

WHITES PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. R.—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.

McGaw, of Columbia