MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
If Bo—in case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make one FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
McGEAR OF COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 891

(1) PLACE OF BIRTH

County of Clarendon
Township of Mt Zion
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1317 Registered No. 1 (For use of Local Registrar)

(2) Full Name of Child Ellen Flemming — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? To be answered only in event of Twins or Triplets
(5) Number in order of birth 11
(6) Are Parents Married? yes
(7) DATE OF BIRTH Jan 6 19 22 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Vander Flemming	(14) NAME BEFORE MARRIAGE Annah DuPre
(9) PRESENT POSTOFFICE OF FATHER Manning S C R 7	(15) PRESENT POSTOFFICE OF MOTHER Manning S C R 24
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 45 (Years)	(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE S C	(18) BIRTHPLACE S C
(13) OCCUPATION Farming	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 11	(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lucie Brogdon
(24) State whether Physician or Midwife M. W.
(25) Address of Physician or Midwife Manning S C

Given name added from a supplemental report .....
..... 19 ....
Registrar

(26) Witness W. T. P. Spratt (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 30 19 22 (28) W. T. P. Spratt 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.