

Form No. 3

(1) PLACE OF BIRTH

County of Marion
Township of Britton Neck
Inc. Town of
City of

CERTIFICATE OF BIRTH

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

No. 1551 For State Registrar Only

Registration District No. 7700

Registered on Feb 26 1953
(For use of Local Registrar)

(No. 1551) (Ward 1)
If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Sammie Fleming

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

1. SEX OR GIRL? Female
2. DATE OF BIRTH Feb 26 1953
(Name of Month) (Day) (Year)

FATHER

3. FULL NAME Jerry Fleming

4. PRESENT RESIDENCE OF FATHER Greenville

5. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 Years

6. BIRTHPLACE SC

7. OCCUPATION Engineer

8. Number of children born to mother, including present birth one

9. Are Parents Married? Yes

10. NAME BEFORE MARRIAGE Norma Fleming

11. PRESENT RESIDENCE OF MOTHER Greenville

12. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 Years

13. BIRTHPLACE SC

14. OCCUPATION Housewife

15. Number of children of this mother now living, including present birth one

CERTIFICATE OF APPOINTING PHYSICIAN OR MIDWIFE

16. I hereby certify that I observed the birth of this child, who was Born alive at 3:30 P.M.
(on this date above stated)

(18a) (Signature) Francis Rogers (18b) (Address of Physician or Midwife) Greenville

17. Given under official stamp of registration and report

(19) (Signature of Witness necessary only when question 23 is signed by mark) W. J. Dozier

(20) (Name of Registrar) W. J. Dozier
(21) (Name of Householder, etc., who made the return) W. J. Dozier
(22) (Name of Person No report is desired or statistics of pregnancy)