

(1) PLACE OF BIRTH

County of HarryTownship of Samplin Creekor
Inc. Town of
orCity of (No.) (For use of Local Registrar)
(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

38888

Registration District No. 2509A Registered No. 92(2) Full Name of Child Patsy Hemingway

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married? No

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Maek Hemingway(9) PRESENT POSTOFFICE OF FATHER Loris R#2 SE(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Harry Co. Se(13) OCCUPATION Farm Labor

(20) Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE Clida Jackson(15) PRESENT POSTOFFICE OF MOTHER Loris R#2 SE(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 15 (Years)(18) BIRTHPLACE Harry Co. Se(19) OCCUPATION Farm Labor

(21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Hattie Hemingway(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Loris R#2 SE

Given name added from a supplemental report

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

(27) Filed 8/5/12 (28) E. L. V. Hight 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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