

FORM NO. 5

MARGIN RESERVED FOR BINDING.

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

N. B.—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.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of KershawTownship of Leconway

or

Inc. Town of Columbia

or

City of Columbia

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

(2) Full Name of Child John Milt Lemon Jr.

File No.—For State Registrar Only

77500

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 1stRegistered No. 37  
(For use of Local Registrar)St.; Ward

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

(3) BOY OR GIRL? Boy

(4) Two or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1st(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 17, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Milt Lemon Sr.(9) PRESENT POSTOFFICE OF FATHER Leconway S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 34  
(Years)(12) BIRTHPLACE Union S.C.(13) OCCUPATION Minister of Gospel(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Denson(15) PRESENT POSTOFFICE OF MOTHER Leconway S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 29  
(Years)(18) BIRTHPLACE Columbia S.C.(19) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive or stillborn at 9:35 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. H. Bump

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness

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

(27) Filed Sept. 17, 1916(28) W. H. Bump 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.