

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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

77500

(1) PLACE OF BIRTH
County of North
Township of Leonway
or
Inc. Town of Georgetown Registration District No. Registered No. 37
or
City of Queen's Hospital St.; (For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child John Mitt Lemon Jr. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH—Sept. 17, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Mitt Lemon Sr.
(9) PRESENT POSTOFFICE OF FATHER Leonway 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 Darned
(15) PRESENT POSTOFFICE OF MOTHER Leonway S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE Columbia S.C.
(19) OCCUPATION House Keeping
(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 at 8:35 M.,
on the date above stated. (Born, live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Bump
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Leonway S.C.

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.