

## (1) PLACE OF BIRTH

County of Cherokee  
 Township of Oklawaha Mill  
 or  
 Inc. Town of.....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18257

Registration District No. 1514Registered No. 30  
(For use of Local Registrar)

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

(2) Full Name of Child Callie Lemon

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No  
 To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH June 19, 1922  
(Name of Month) (Day) (Year)(8) FATHER'S NAME Rich Lemon(9) PRESENT POSTOFFICE OF FATHER Alcolu, R-2, S.C.(10) COLOR OR RACE Negro(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3(14) NAME BEFORE MARRIAGE Mary Burgess(15) PRESENT POSTOFFICE OF MOTHER Alcolu, R-2, S.C.(16) COLOR OR RACE Negro(18) BIRTHPLACE S.C.(19) OCCUPATION Farmer hand(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 I hereby certify that I attended the birth of this child, who was Born alive at 4 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lou Nelson(24) State whether Midwife(25) Address of Physician or Midwife Alcolu, S.C.

Name added from a supplemental report

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

(27) Filed June 24, 1922 (28) R. G. Thompson 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.