

(1) PLACE OF BIRTH

County of Jasper

Township of North

Incl. Town of Palatka

City of Palatka

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43321

Registration District No. 2602

Registered No. 90

(For use of Local Registrar)

(M.; (W.))

(No. of Birth Occurs in a Hospital or other institution, give name of same instead of street and number.)

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

2. Full Name of Child Harriet Marshall Fleming

3. SEX OF CHILD B

(a) Twin or triplet?

(c) Number in order of birth

(d) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 16, 1908  
(Month of Month) (Year)

FATHER

1. NAME Watson Fleming

2. PRESENT RESIDENCE Tillman S.C.

3. COLOR W. AGE AT LAST BIRTHDAY 27 Years

4. BIRTHPLACE S.C.

5. OCCUPATION Farmer

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

MOTHER

(4) NAME BEFORE MARRIAGE Estelle Ellis

(5) PRESENT RESIDENCE Tillman S.C.

(6) COLOR W. AGE AT LAST BIRTHDAY 16 Years

7. BIRTHPLACE S.C.

8. OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN (or Midwife)

10. I hereby certify that I attended the birth of this child, who was born on the date above stated.

11. Signature of Physician or Midwife W. H. ...

12. Name of Physician or Midwife W. H. ...

13. Name of mother at birth of child

14. Signature of Registrar

15. Name of Registrar

16. This certificate is to be filed in the office of the Registrar of the State Board of Health, and a copy of it shall be sent to the local registrar of the county in which the child was born.