

## (1) PLACE OF BIRTH

County of SurryTownship of Little River

Inc. Town of .....

City of .....

(No. ....) (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

64833

Registration District No. 2507 Registered No. 183

(For use of Local Registrar)

(2) Full Name of Child Other A. Fleming Jr. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 11</u>
	<small>To be answered only in event of Twins or Triplets</small>			(Name (Month) (Day) (Year))

## FATHER.

(8) FULL NAME Lester Flemingway(9) PRESENT POSTOFFICE OF FATHER Hamden(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Little River Township(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Caliza Butts Jones(15) PRESENT POSTOFFICE OF MOTHER Hamden(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Longwood Solar(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 o'clock P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Caroline T. ...(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Hamden

Given name added from a supplemental report

, 191...

Registrar

(26) Witness Reese L. ... (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 30 1914. (28) R. H. Sloan

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.

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.

Cav. of Columbia