

(1) PLACE OF BIRTH

County of Fairfield

Township of #10

or
Inc. Town of
or

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

(2) Full Name of Child Margaret Elizabeth Lemon If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or triplet? No (5) Number or order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 3, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robt. Hour Lemon

(9) PRESENT POSTOFFICE OF FATHER Winnston, S. C. RFD

(10) COLOR OF RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Fairfield Co. S. C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Madge Crockey

(15) PRESENT POSTOFFICE OF MOTHER Winnston, S. C. RFD

(16) COLOR OF RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Summerton S. C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. M. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lowndesboro S.C.

Given name added from a supplemental report

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

(27) Filed Aug 1, 1922 (28) E. H. Frisby 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.

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