

(1) PLACE OF BIRTH
 County of Newberry
 Township of 3
 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.)

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

File No.—For State Registrar Only
49963

Registration District No. 34.05 Registered No. 1103
 (For use of Local Registrar)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 11 1916
(To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Arthur Lemon
 (9) PRESENT POSTOFFICE OF FATHER Blairs
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)
 (12) BIRTHPLACE Newberry S.C.
 (13) OCCUPATION Laborer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Emmie Henderson
 (15) PRESENT POSTOFFICE OF MOTHER Blairs S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 31 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Laborer
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 am on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Hannie Henderson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Blairs 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 Feb 20 1916 (28) A. H. Maybin 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.

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