

PLACE OF BIRTH

County of Auderson
 Township of Millington
 or
 in Town of Pelzer S.C.
 or
 City of _____ (No. _____ St. _____ Ward _____)

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

Registration District No. 38

File No.—For State Registrar Only

021244Registered No. _____
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(1) SEX OF CHILD girl (2) Twin or Triplet _____ (3) Number in order of birth _____ (4) Are Parents Married? yes (5) DATE OF BIRTH Feb 8 1933
 (Name of Month) (Day) (Year)

FATHER.
 (6) FULL NAME Henry Fleming
 (7) PRESENT POSTOFFICE OF FATHER Pelzer S.C.
 (8) COLOR OR RACE white (9) AGE AT LAST BIRTHDAY 37
 (Year) (10) BIRTHPLACE S.C.
 (11) OCCUPATION mill work
 (12) Number of children born to mother, including present birth 5

MOTHER.
 (13) NAME BEFORE MARRIAGE Lonie Chandler
 (14) PRESENT POSTOFFICE OF MOTHER Pelzer S.C.
 (15) COLOR OR RACE white (16) AGE AT LAST BIRTHDAY 34
 (Year) (17) BIRTHPLACE S.C.
 (18) OCCUPATION domestic
 (19) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 5:30 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
W. T. Martin

(21) (Signature)

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness

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

(25) W. T. Martin(26) W. T. Martin 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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