

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Williamston  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

Registration District No. 3-13

File No.—For State Registrar

24645Registered No. 69  
(For use of Local Registrar)

(2) Full Name of Child Mary Fleming (No. .... St.; ..... Ward  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 5, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME C. W. Fleming  
 (9) PRESENT POSTOFFICE OF FATHER Piedmont S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)  
 (12) BIRTHPLACE NC

(13) OCCUPATION Miss. work?

(20) Number of children born to mother, including present birth 3

MOTHER.  
 (14) NAME BEFORE MARRIAGE Eric Bryant  
 (15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)  
 (18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(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 born alive or stillborn at 9:10 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Piedmont 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 Sept. 8, 1922 (28) H. J. Fleming 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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THIS IS A PRELIMINARY RECORD. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS TO BE USED ONLY FOR THE PURPOSE OF RECORDING THE BIRTH OF A CHILD. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS TO BE USED ONLY FOR THE PURPOSE OF RECORDING THE BIRTH OF A CHILD.