

Form No 3.

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

File No.—For State Registrar Only
15387

(1) PLACE OF BIRTH

County of Gasper
Township of Robert
or
Inc. Town of.....
or
City of.....

Registration District No. 2607 Registered No. 30
(For use of Local Registrar)

(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

Fleming

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 3, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Chas. P. Fleming

(9) PRESENT POSTOFFICE OF FATHER Tellm an, Ok

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
(Years)

(12) BIRTHPLACE Gasper Co. S.C.

(13) OCCUPATION Farmer

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

MOTHER

(14) NAME BEFORE MARRIAGE Nora Purvis

(15) PRESENT POSTOFFICE OF MOTHER Tellm an, Ok

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
(Years)

(18) BIRTHPLACE Tatnall Co. Ga.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:00 P. M.;
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. B. Byam

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Wilmington, S.C.

Given name added from a supplemental report

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

..... 19 ..
Registrar

(27) Filed 6/7 19 22 (28) J. C. Jordan 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.

MARGIN RESERVED FOR BINDING.
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 make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.
MADE IN COLUMBIA, S. C.