

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41986

(1) PLACE OF BIRTH

County of Darlington S.C.

Township of Higley Hill

or
Inc. Town of

City of

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

Registration District No. 1803

Registered No. 58

(For use of Local Registrar)

St.; Ward

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

(2) Full Name of Child Robert Lister Lemmon

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

MOTHER

(8) FATHER

(9) FULL NAME Tillman Lemmon

(10) PRESENT POSTOFFICE OF FATHER Darlington S.C. R.F.D.

(11) AGE AT LAST BIRTHDAY 32 (Years)

(12) COLOR OR RACE White

(13) BIRTHPLACE Willingham County

(14) OCCUPATION Russ & Market

(15) Number of children born to mother, including present birth 5

(16) NAME BEFORE MARRIAGE Lavin Calder

(17) PRESENT POSTOFFICE OF MOTHER Darlington S.C. R.F.D.

(18) COLOR OR RACE White

(19) AGE AT LAST BIRTHDAY 32 (Years)

(20) BIRTHPLACE Willingham County

(21) OCCUPATION Domestic

(22) 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 Darlington S.C. (Hour A. M. or P. M.) 10:30 A.M. on the date above stated.

(23) (Signature) J. H. Wilcox

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Darlington S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) 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, a report is desired of stillbirths before the

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