

## 1. PLACE OF BIRTH

County of Darlington, S.C.Township of Hartsville, S.C.or  
Inc. Town of \_\_\_\_\_or  
City of \_\_\_\_\_

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 15-1 Registered No. \_\_\_\_\_

(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 Anneia Josephine Fleming { If child is not yet named, make supplemental report as directed.3. Boy or Girl Girl If Plural births \_\_\_\_\_ 4. Twin, triplet or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term \_\_\_\_\_ 7. Are Parents Married? No 8. Date of birth 3/5 1946 (Month, day, year)9. Full name Moses Walker FATHER 18. Name before marriage Marie J. Fleming MOTHER10. Residence (mailing address) (If non-resident, give place and State) \_\_\_\_\_ 19. Residence (mailing address) (If non-resident, give place and State) non11. Color or race negro 12. Age at child's birth 21 (years) 20. Color or race negro 21. Age at child's birth 21 (years)13. Birthplace (city or place) (State or country) Hartsville, S.C. 22. Birthplace (city or place) (State or country) Hartsville S.C.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Working on a farm 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. house-keeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work Sept 1st 1922 17. Total time (years) spent in this work 10 1/2 25. Date (month and year) last engaged in this work May 1st 1942 26. Total time (years) spent in this work 15 years27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ✓ (c) Stillborn ✓28. If stillborn, period of gestation ✓ (months) \_\_\_\_\_ (weeks) \_\_\_\_\_ 29. Cause of stillbirth ✓ Before labor ✓ During labor ✓

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was Born alive at 12 o'clock m. on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Given name added from a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_

Registrar.

(Signed) Marie J. Fleming Parent or 376 Cumberland St GuardianAddress BrooklynFiled Jan. 5 1947 M. B. Woodward, M.D. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)