

(1) PLACE OF BIRTH

County of Charleston, S.C.
 Township of Charleston, S.C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

23942

Inc. Town of Registration District No. 1201 Registered No. 84786
 or
 City of (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 Thomas J. Fleming } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 7 1923
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Jim Fleming
 (9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE Charleston, S.C.
 (13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Amelia Williams
 (15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Charleston, S.C.
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 8
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. J. S. Anderson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston, S.C.

Given name added from a supplemental report

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

(27) Filed Aug 10 1923 (28) P. J. Ingram Local Registrar

If 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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