(1) PLACE OF BIRTH

County of Lexington

Township of Bordeaux

Inc. Town of .....

City of .....

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
35628

Registration District No. 101 ..... Registered No. 42
(For use of Local Registrar)

(2) Full Name of Child Dragetha Wilemon

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

(3) BOY OR GIRL? Girl

(4) Twin or triplet? Twin (To be answered only in event of twins or triplets)

(5) Number in order of birth 10

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug. 9 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thos. Moses Wilemon

(9) PRESENT POSTOFFICE OF FATHER W. Conwich

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 42 Years

(12) BIRTHPLACE Lex. Co.

(13) OCCUPATION Farmer

(14) Number of children born to mother including present birth .....

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Seals

(15) PRESENT POSTOFFICE OF MOTHER W. Conwich

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 39 (Years)

(18) BIRTHPLACE Lex. Co.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) M. W. Cheatham M.D.

(24) Name whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Aug 11 1915 (28) J. B. Hawsons
Local Registrar.

NOTE—IN REPORTING BIRTHS, WHEN CONVENIENT, USE A SEPARATE BLANK for each child, and mark the number in the upper left corner, No. 1, etc., in question 2.

FIRST BORN, No. 1, THE OTHER, No. 2, etc., in question 3.

* In the absence of the attending physician or midwife, the householder, etc., should make this return. If a report is desired of stillbirths before the [illegible]