

Form No. 1

## (1) PLACE OF BIRTH

County of DarlingtonTownship of Lanieror  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18344

Registration District No. 15-4 Registered No. 48

(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 Thomas Lee

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

3 SEX OF GIRL?	4 Twin or Triplet?	5 Number in order of birth	6 Are Parents Married?	7 DATE OF BIRTH
	To be answered only in event of Twins or Triplets			June 14, 1922 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME <u>Ernest J. Blain</u>			14 NAME BEFORE MARRIAGE <u>Maria Lee</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Lanier</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Lanier</u>	
10 COLOR OR RACE <u>col</u>	11 AGE AT LAST BIRTHDAY <u>27</u> (Years)	16 COLOR OR RACE <u>col</u>	17 AGE AT LAST BIRTHDAY <u>20</u> (Years)	
12 BIRTHPLACE <u>SC</u>		18 BIRTHPLACE <u>SC</u>		
13 OCCUPATION <u>farmer</u>		19 OCCUPATION <u>Thomas Lee</u>		
20 Number of children born to mother, including present birth <u>12</u>		21 Number of children of this mother now living, including present birth <u>12</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was live at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. R. Danthun(24) State South Carolina Physician or Midwife (25) Address of Physician or Midwife Lanier SC

Given name added from a supplemental report

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

(27) Filed July 8, 1922 (28) R. J. Chapman 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

MEANS OF COLUMBIA, COLUMBIA, S. C.