

(1) PLACE OF BIRTH

County of CalhounTownship of WindsorInc. Town of DonaltonCity of Donalton

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6711

Registration District No. 3Registered No. 25
(For use of Local Registrar)

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

(2) Full Name of Child Mary Lee

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Age Parents Married?

(7) DATE OF BIRTH

March 19 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

James Lee

(9) PRESENT POSTOFFICE OF FATHER

Ft. Motte SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

42
(Years)

(12) BIRTHPLACE

Ft. Motte SC

(13) OCCUPATION

Fireman

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

3

MOTHER

(14) NAME BEFORE MARRIAGE

Mortula Lee

(15) PRESENT POSTOFFICE OF MOTHER

Ft. Motte SC

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

26
(Years)

(18) BIRTHPLACE

Ft. Motte SC

(19) OCCUPATION

Wife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Donalton at Donalton on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rechel W. G. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mrs. J. D. Strickland

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

(27) Filed March 25 1922(28) J. D. Strickland
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.