

(1) PLACE OF BIRTH

County of *McCormick*

Township of

Inc. Town of *Calhoun*

City of

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

St.; Ward

(2) Full Name of Child *Lee J Lee*

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

June 1, 1916
(Name of Month) (Day) (Year)

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

FATHER.

(8) FULL NAME

John Lee

(9) PRESENT POSTOFFICE OF FATHER

McCormick

(10) COLOR OR RACE

*Negro*AGE AT LAST BIRTHDAY *32*
(Years)

(12) BIRTHPLACE

McCormick S.C.

(13) OCCUPATION

Farmer

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Sarah McClellan

(15) PRESENT POSTOFFICE OF MOTHER

McCormick

(16) COLOR OR RACE

*Negro*AGE AT LAST BIRTHDAY *26*
(Years)

(18) BIRTHPLACE

McCormick

(19) OCCUPATION

Farmer

(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 *Alive*, at *9 P* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Emma Donelson*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness

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

(27) Filed *4/10* 1916(28) *D. J. McAllister* 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Saw, of Columbia.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

62772

Registration District No. *102* Registered No. *8*

(For use of Local Registrar)