

Form No. 1

(1) PLACE OF BIRTH

County EllenboroTownship of EllenboroInc. Town of FairfaxCity of SP

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

30828

X

Registration District No. 4601Registered No. 38
(For use of Local Registrar)(2) Full Name of Child William Lee

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

(3) BOY OR GIRL Boy(4) Twin or Triplet one(5) Number in order of birth 11(6) Age of mother 24(7) DATE OF BIRTH Oct 7th 1923
(Name of Month) (Day) (Year)(8) FULL NAME James Lee(9) PRESENT RESIDENCE OF FATHER Fairfax St.(10) COLOR OR RACE Black(11) BIRTHPLACE Fairfax St.(12) OCCUPATION Farmer(13) Number of children born to mother, including present birth 11(14) NAME BEFORE MARRIAGE Clarence Lee(15) PRESENT RESIDENCE OF MOTHER Fairfax St.(16) COLOR OR RACE Black(17) BIRTHPLACE Fairfax St.(18) OCCUPATION Wife(19) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Alive at 8 A. M. or P. M. on the date above stated.(21) (Signature) Louisa Middleton(22) Address of Physician or Midwife Fairfax St.

Given name added from a supplemental report

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

(24) Date Oct 15 1923

(25) 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.