

WHILE PLAINLY, WITH LEADING 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 N. No. 1, THE OTHER, No. 2, etc., in question 3.

(1) PLACE OF BIRTH

County of York
Township of York
or
Inc. Town of York
or
City of York
(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

File No.—For State Registrar Only

5561

(2) Full Name of Child

Charles Lee

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

(1) BOY OR GIRL? Boy

(4) Twin or triplet?

(5) Number in order of birth
(To be answered only in case of twins or triplets)

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 13
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Morgan

(9) PRESENT POSTOFFICE OF FATHER York

(10) COLOR OR RACE Caucasian

(11) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE York

(13) OCCUPATION Doctor

(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth

(15) PRESENT POSTOFFICE OF MOTHER York

(16) COLOR OR RACE Caucasian

(17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE York

(19) OCCUPATION Doctor

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 8:30 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Philip P. Williams

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife York

Given name added from a supplemental report

(25) Witness

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

(27) Filed Feb 15 1903

(28) Philip P. Williams
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.

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