

(1) PLACE OF BIRTH

County of YorkTownship of Yorkor
Inc. Town ofor
City of(No. St. Ward)
(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 Board

38116

Registration District No. 448 Registered No. 133
(For use of Local Registrar)(2) Full Name of Child James Lee (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Nov. 17, 1923
(Name of Month) (Day) (Year)FATHER, (8) FULL NAME John Lee (10) NAME BEFORE MARRIAGE Lola Brown(9) PRESENT POSTOFFICE OF FATHER Falbit (11) PRESENT POSTOFFICE OF MOTHER Falbit #1(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Year) (12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 25 (Year)(14) BIRTHPLACE Falbit (15) BIRTHPLACE York Co.(16) OCCUPATION Farmer (17) OCCUPATION Farmer(18) Number of children born to mother, including present birth 3 (19) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Sallie Myers (22) State whether Physician or Midwife Midwife (23) Address of Physician or Midwife Falbit

(24) Given name added from a supplemental report

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

(26) Filled Nov. 20, 1923 (27) 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.