

(1) PLACE OF BIRTH

County of Anderson

Township of Crookway

or  
In. Town of .....

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. 12784 - For this register only

Registration District No. 301

Registered No. 11  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Destree Lee (if child is not yet named, make supplemental report as directed)

(3) SEX OR ONLY girl (4) Twin or Triplet  (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH May 25 1923  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Earl E. Lee

(9) PRESENT POSTOFFICE OF FATHER Crookway

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Year)

(12) BIRTHPLACE Anderson, S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Marion Armstrong

(15) PRESENT POSTOFFICE OF MOTHER Crookway

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Year)

(18) BIRTHPLACE Anderson, S.C.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 4:00 P.M. on the date above stated. (Hour AM or P. M.)

(22) (Signature) F. J. Smith (23) Address of Physician or Midwife Anderson, S.C.

(24) State where Physician or Midwife South Carolina

Give name added from a supplemental report

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

(26) Filed June 10 1923 (27) Local Registrar W. H. Campbell

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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**AFFIDAVIT**

State of South Carolina,

Spartanburg  County.

Personally appeared before me, a Notary Public of South Carolina,  M M Alexander   
and  Mrs Alexander , who, being duly sworn, deposes and say:

1. That he (she) and he (she) reside in  Anderson   Williams  County and  
 Anderson  County of South Carolina respectively and resided in said State in the year

19 23  Deponent further state that they are  47  and  61  years of age, respectively.

2. That of these deponents own knowledge, there was born to  Sarah Lethbridge Chandler   
(Name of Mother)

a (girl) (female) child,  Katherine Evelyn Chandler Anderson  South Carolina,  
(Name of Child) (Name of County)

on or about the  22  day of  May , 19 23

3. That these deponents are related to the child referred to herein as  Friend

and  Friend , respectively.

Sworn to and subscribed before me,

this the  21  day of  June , 19 23

M. M. Alexander   
 H. H. Howard, N.P.S.C., Madrona Alexander   
(Notary Public, S. C.)

These affidavits required according to Section 15A of Rules and Regulations for Vital Statistics under authority Section 5130 of Civil Code of South Carolina for the year 1932.

NAME OF CHILD  
 Sex of  Girl   
 Locality of  Anderson   
 Town of.....  
 or  
 City of.....  
 (if birth occurred there)  
 (2) Full Name of Child  
 Name of Mother  
 Name of Father  
 Name of Grandfather  
 Name of Grandmother  
 Occupation  
 Number of children born to mother, including present  
 I hereby certify that the above is a true and correct copy of the original as filed in my office on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.