

(1) PLACE OF BIRTH

County of Anderson

Township of Crook

or
City of

or
City of

CERTIFICATE OF BIRTH

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

Registration District No. 301

No. 1a.—For this Register Only

12784

Registered No. 11
(For use of Local Registrar)

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

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

(3) SEX OF CHILD girl (4) Twin or Triplet ✓ (5) Number in order of birth ✓ (6) Are Parents Married Yes (7) DATE OF BIRTH May 25-23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Earl E. Lee

(9) PRESENT POSTOFFICE OF FATHER Crook SC 272

(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 Crook SC 272

(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.

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

(24) State whether Physician or Midwife Physician

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 Dora Alexander, who, being duly sworn, deposes and say:

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

1923 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 (male) (female) child, Katherine Evelyn Chandler
(Name of Child) Anderson South Carolina,
(Name of County)
on or about the 22 day of May, 1923.

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 21st day of June, 1923
M. M. Alexander
D. F. Mahood N. P. S. C., Dora 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.

STATE OF SOUTH CAROLINA

County of Spartanburg

Town of Anderson

City of Anderson (if birth occurred in town or city)

(2) Full Name of Child Katherine Evelyn Chandler

DATE OF BIRTH May 22, 1923

PLACE OF BIRTH Anderson, S. C.

NAME OF MOTHER Sarah Lethbridge Chandler

NAME OF FATHER Williamston Anderson

NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT Four

(3) I hereby certify that the above is a true and correct copy of the original as filed in my office on the 21st day of June, 1923.

Given name added (initials) W. M. Alexander

When there was a child born to the mother, the name of the child at birth was Katherine Evelyn Chandler

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