

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—for State Registrar Only

County of Johns CreekSTATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Township of

or
Inc. Town ofor
City of

Registration District No.

Registered No. 9
(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 Lucy Lee

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

(1) BOY OR GIRL? girl

(4) Twin or Triplet?

(3) Number in order of birth

To be entered only in case of twins or triplets

(6) Are Parents Married?

(7) DATE OF BIRTH Jan 11 1903
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Lee

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE Ill.

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Lee

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE Ill.

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Campbell

(24) State of other Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by male)

(27) Filed Jan 11 1903 (28)

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.