

(1) PLACE OF BIRTH

County of FlorenceTownship of Lake

Inc. Town of

City of

(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

4143

Registration District No. 2009 Registered No. 7
(For use of Local Registrar)

City of

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

(2) Full Name of Child Lena Louise Lee(3) DATE OF BIRTH Jan 20 22
(Name of Month) (Day) (Year)(4) Are Parents Married? Yes(5) FATHER. FULL NAME Bernie / Hanson Lee(6) PRESENT POSTOFFICE OF FATHER Lake City, S.C.(7) COLOR OR RACE white (8) AGE AT LAST BIRTHDAY 26 (Years)(9) BIRTHPLACE Florence Co(10) OCCUPATION Farmer(11) Number of children born to father including present birth 3(12) MOTHER. NAME BEFORE MARRIAGE Ruth Lely Langston(13) PRESENT POSTOFFICE OF MOTHER Lake City, S.C.(14) COLOR OR RACE white (15) AGE AT LAST BIRTHDAY 24 (Years)(16) BIRTHPLACE Florence Co(17) OCCUPATION Housewife(18) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was born at 7:40 P. M., on the date above stated. (Hour A. M. or P. M.)(20) (Signature) [Signature](21) State whether Physician or Midwife Physician (22) Address of Physician or Midwife Lake City, S.C.

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

(24) Filed 7/10 22 (25) 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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