

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

Revised by Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Cherokee
of
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

Registration District No. 400

No. 1a.—For State Registrar Only

42854

Registered No. 125
(For use of Local Registrar)

(2) Full Name of Child

(No. St.;
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Lee
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet
To be answered only in case of Twin or Triplet
(5) Number in order of birth
(6) Are Parents Married Yes (7) DATE OF BIRTH Oct 22 at 3
(Name of Month) (Day) (Year)
FATHER.
(8) FULL NAME James H. Lee
(9) PRESENT POSTOFFICE OF FATHER Cherokee, SC R2 2
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 62
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 10

MOTHER.
(14) NAME BEFORE MARRIAGE Missouri James Pettit
(15) PRESENT POSTOFFICE OF MOTHER Cherokee, SC R2 2
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 39
(18) BIRTHPLACE SC
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated. (Born alive or stillborn. Hour M. or P. M.)
(23) (Signature) O. M. Chapman
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Cherokee, SC

Given name added from a supplemental report
19
Registrar

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

(27) Filed Jan 2 1924 (28) J. Blockner 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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