

Form No. 1

## (1) PLACE OF BIRTH

County of Ochut  
 Township of Wade  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**40623**

Registration District No. 213 Registered No. 63  
 (For use of Local Registrar)

City of ..... (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 Charlie Lee (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL boy (4) Twin or Triplet?  To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? no (7) DATE OF BIRTH Nov 15 1922  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Alfred Lee  
 (9) PRESENT POSTOFFICE OF FATHER   
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21  
 (12) BIRTHPLACE DC  
 (13) OCCUPATION Laborer Brickyard  
 (20) Number of children born to mother, including present birth 2

MOTHER.  
 (14) NAME BEFORE MARRIAGE Anna Bell Cannon  
 (15) PRESENT POSTOFFICE OF MOTHER Augusta Ga R 4  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21  
 (18) BIRTHPLACE Augusta Ga  
 (19) OCCUPATION Cook  
 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Boady Daughtry Midwife  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Augusta Ga R4

Given name added from a supplemental report

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

(27) Filed 11-20 1922 (28) A. Medlock  
 Registrar 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.

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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.