

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.

RECEIVED OF COLUMBIA, S. C.

Form No. 1

**(1) PLACE OF BIRTH**  
 County of Orange  
 Township of St. James  
 or  
 Inc. Town of .....  
 or  
 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

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

File No.—For State Registrar Only  
40623

**(2) Full Name of Child** Charlie Lee  
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Nov 15 1922</u> (Name of Month) (Day) (Year)
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<b>FATHER</b>		<b>MOTHER</b>	
(8) FULL NAME <u>Alfred Lee</u>	(14) NAME BEFORE MARRIAGE <u>Anna Bell Cannon</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Augusta Ga R 4</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Augusta Ga R 4</u>
(9) PRESENT POSTOFFICE OF FATHER <u>✓</u>	(16) COLOR OR RACE <u>negro</u>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u>	(18) BIRTHPLACE <u>Augusta Ga</u>	(18) BIRTHPLACE <u>Augusta Ga</u>
(12) BIRTHPLACE <u>DE</u>	(19) OCCUPATION <u>Laborer Brickyard</u>	(19) OCCUPATION <u>Cook</u>	
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

**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 R 4

Given name added from a supplemental report

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

(27) Filed 11-20 1922 (28) R 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.