

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Ashtonsville

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

5345

Registration District No. 41.06 Registered No. 4
(For use of Local Registrar)(2) Full Name of Child Margaret Lee

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet	(5) Number in order of birth <u>8</u>	(6) Age of Mother <u>30</u>	(7) DATE OF BIRTH <u>Feb 2</u> 19 <u>23</u> (Name of Month) (Day) (Year)
-----------------------------	---------------------	---------------------------------------	-----------------------------	---

FATHER

(8) FULL NAME Stafford Lee

(9) PRESENT POSTOFFICE OF FATHER Ashtonsville

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 34 (Year)

(12) BIRTHPLACE Sumter Co

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth 8

MOTHER

(14) NAME BEFORE MARRIAGE Nelsa Louder

(15) PRESENT POSTOFFICE OF MOTHER Ashtonsville SC

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 32 (Year)

(18) BIRTHPLACE Sumter Co

(19) OCCUPATION housewife

(21) 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 Choi at 7.9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Jackson(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Ashtonsville

Given name added from a supplemental report

(26) Witness H. P. Hatcher

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

(27) Filed Feb 10 1923

(28)

H. P. Hatcher 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.

MARGINS REMOVED 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.

Bureau of Vital Statistics, Columbia, S. C.