

(1) PLACE OF BIRTH

County of AndersonTownship of Hines Pathor
Inc. Town ofor
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

228

(2) Full Name of Child Carl H. Lee

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parent(s) Married Yes

(7) DATE OF BIRTH

1-21-22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Fred Nelson H. Lee

(9) PRESENT POSTOFFICE OF FATHER

Hines Path, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 37

(Years)

(12) BIRTHPLACE

Laurens Co.

(13) OCCUPATION

Farming

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

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Senie Antler Pearson

(15) PRESENT POSTOFFICE OF MOTHER

Hines Path S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 36

(Years)

(18) BIRTHPLACE

Spaulding Co.

(19) OCCUPATION

Domestic

(20) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Aline at 10:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) H. B. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Hines Path S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 31, 1922 (28) La Williams 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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MARGIN RESERVED FOR BINDING.

FORM NO. 1