

(1) PLACE OF BIRTH

County of ChristieTownship of Baton Rouge

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

3606

Registration District No. 200Registered No. 12

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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 To be numbered only in event of Twins or Triplets	(6) Are the Parents Married? <u>no</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Jan 1 1922</u>
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FATHER

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

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

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER

(14) NAME BEFORE MARRIAGE Mary Harris Lee(15) PRESENT POSTOFFICE OF MOTHER Leeds, H. S.(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY (Year) 18(18) BIRTHPLACE Christie Co.

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M. on this date above stated. (Hour A. M. or P. M.)(23) (Signature) John Carter Beach(24) State whether Physician or Midwife (25) Address of Physician or Midwife Leeds, H. S.

Given name added from a supplemental report

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

(27) Filed Feb 14 1922 (28) C. D. Connell 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.