

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH 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 1.

Bottom of Columns, Columns 9, 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Use	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA		42824	
Township of <u>Beech Springs</u>		Bureau of Vital Statistics			
Inc. Town of.....		State Board of Health			
City of.....		Registration District No. <u>4001 B</u>		Registered No. <u>71</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St. .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>William Jackson Lee</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Oct. 12, 23</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>William Lee</u>			(10) NAME BEFORE MARRIAGE <u>Mary Jackson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Myrtle of Va</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Myrtle of Va</u>		
(12) COLOR OR RACE <u>W</u>			(13) AGE AT LAST BIRTHDAY <u>34</u>		
(14) BIRTHPLACE <u>Mon Co SC</u>			(15) AGE AT LAST BIRTHDAY <u>26</u>		
(16) OCCUPATION <u>Professor</u>			(17) BIRTHPLACE <u>Spartanburg Co</u>		
(18) OCCUPATION <u>Housewife</u>			(19) OCCUPATION <u>Housewife</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 <u>alive</u> at <u>6 A.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Dr. Moore</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Phys. Incapacitated</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Nov. 1, 23</u> (28) <u>Dr. Moore</u> 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.					