

(1) PLACE ORIGIN

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
BUREAU OF VITAL STATISTICS
State Board of Health

0870

County of CharlestonTownship of St. AndrewPrecinct of Rt. 2Registration District No. 10001 Registered on 1/19/23
(For use of Local Registrar)City of Charleston (No. 1) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Charles Lee

(3) SEX OF CHILD Boy (4) TIME OF BIRTH 10:00 AM (5) DATE OF BIRTH 1/19/23
(6) PLACE OF BIRTH Home

(7) FATHER'S NAME Charles Lee (8) MOTHER'S NAME Talent

(9) FATHER'S OCCUPATION Gaffney (10) MOTHER'S OCCUPATION Home

(11) COLOR OF HAIR White (12) COLOR OF EYES Blue (13) DATE OF BIRTH 1/19/23

(14) BIRTHPLACE Charleston Co. S.C. (15) OCCUPATION Home

(16) OCCUPATION Farming (17) OCCUPATION House work

(18) SIGNATURE OF FATHER Charles Lee (19) SIGNATURE OF MOTHER Talent

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born at 1:00 P.M.
(Date alive or stillborn) (Hour A. M. or P. M.)

(21) SIGNATURE OF PHYSICIAN OR MIDWIFE Francis M. Miller

(22) SIGNATURE OF PHYSICIAN OR MIDWIFE Gaffney

(23) SIGNATURE OF PHYSICIAN OR MIDWIFE D. H. M. Miller

(24) SIGNATURE OF PHYSICIAN OR MIDWIFE D. H. M. Miller

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