

## (1) PLACE OF BIRTH

County of FlorenceTownship of Chenega S.C.

or Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 4003No. 17612 - For State Registrar Only

17612

Registered No. 21  
(For use of Local Registrar)St. 1 Ward 1

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

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

(2) Full Name of Child Charles Lee(3) SEX OR GENDER Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 14, 1923  
(Month of Birth) (Day) (Year)FATHER. (8) FULL NAME Charlie Lee (9) PRESENT POSTOFFICE OF FATHER Simmonsville (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26 (Year) (12) BIRTHPLACE Chenega S.C. (13) OCCUPATION Farming (14) NAME BEFORE MARRIAGE Bedar Rich (15) PRESENT POSTOFFICE OF MOTHER Simmonsville (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Year) (18) BIRTHPLACE Chenega S.C. (19) OCCUPATION Domestic (20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Sallie Rich (23) Address of Physician or Midwife Simmonsville S.C.(24) State whether Physician or Midwife Midwife(25) Witness (Signature of Witness necessary only when question 23 is signed by mark) Mrs. Irene McCoy(26) Filed 19 (27) Local Registrar 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.