

## (1) PLACE OF BIRTH

County of GreenvilleTownship of GreenviewInc. Town of GreenviewCity of Greenview

(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

46359

Registration District No. 2209Registered No. 8

(For use of Local Registrar)

St.; Tax Ward(2) Full Name of Child Wm Earl Lee

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 12 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Earl B Lee(9) PRESENT POSTOFFICE OF FATHER Greenview(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Ill(13) OCCUPATION Self(20) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE Anna B. Brown(15) PRESENT POSTOFFICE OF MOTHER Greenview St(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Greenview St(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Greenview St (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Greenview St(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenview St

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Issued Jan 12 1916 (28) 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.