

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

Inc. Town of _____

City of _____
(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
16359

Registration District No. 2209

Registered 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? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 12 1918
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Earl B Lee

(14) NAME BEFORE MARRIAGE Anna B Lee

(9) PRESENT POSTOFFICE OF FATHER Greenville

(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Ill

(18) BIRTHPLACE Springfield S.C.

(13) OCCUPATION Self

(19) OCCUPATION Domestic

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

(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 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Greenville S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenville S.C.

Given name added from a supplemental report

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

191...
Registrar

(27) Issued 191... (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.

WRITE PLAINLY, WITH UNFADING 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 5.
 McCaw, of Columbia