

MARRIAGE RECORDS—THIS IS A PERMANENT RECORD.  
 WRITE PLAINLY, WITH INK—FADING 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

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**54164**

(1) PLACE OF BIRTH  
 County of York  
 Township of East of York  
 Inc. Town of ..... Registration District No. 44 Registered No. 13  
(For use of Local Registrar)  
 City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child William 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>Dec 28 1911</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME William Lee  
 (9) PRESENT POSTOFFICE OF FATHER  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)  
 (12) BIRTHPLACE  
 (13) OCCUPATION  
 (14) Number of children born to mother, including present birth

**MOTHER.**

(14) NAME BEFORE MARRIAGE  
 (15) PRESENT POSTOFFICE OF MOTHER  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)  
 (18) BIRTHPLACE  
 (19) OCCUPATION  
 (20) Number of children of this mother now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

Given name added from a supplemental report  
 ..... 1911  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed ..... 1911 (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.

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