(1) PLACE OF BIRTH

County of Harry

Township of Conway

or

Inc. Town of ..... Registration District No. 2502 Registered No. 163 (For use of Local Reistrar)

or

City of ..... (No. ..... St.; ..... Ward)

(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
43250

(2) Full Name of Child Jesse Clyde Lee } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy		To be answered only in event of Twins or Triplets	Yes	Dec. 6 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Joe H. Lee	(14) NAME BEFORE MARRIAGE Dellon R. Holden
(9) PRESENT POSTOFFICE OF FATHER Conway	(15) PRESENT POSTOFFICE OF MOTHER Conway
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Conway	(18) BIRTHPLACE —
(13) OCCUPATION Public Work	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth } 5	(21) Number of children of this mother now living, including present birth } 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 1.25 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura Bellamy Conway

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Dec 11 1915 (28) J L Dogree 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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Form No. 10. MARGIN RESERVED FOR BINDING. WHITE 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.