

Form No. 1

(1) PLACE OF BIRTH

County of EdgewoodTownship of HighOF
Inc. Town ofOF
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

Jean Lee

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

(3) BOY OR GIRL
Boy(4) Twin or Triplet?
To be answered only in event of Twin or Triplet(5) Number in order of birth
1(6) Are Parents Married?
Yes

(7) DATE OF BIRTH

Aug. 26, 1928
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jean Lee

(9) PRESENT POSTOFFICE OF FATHER

Trinidad S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

2 1/2
(Years)

(12) BIRTHPLACE

Edgewood County

(13) OCCUPATION

Farmer(20) Number of children born to mother, including present birth
1

MOTHER.

(14) NAME BEFORE MARRIAGE

Florine Stephens

(15) PRESENT POSTOFFICE OF MOTHER

Trinidad S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

18
(Years)

(18) BIRTHPLACE

Edgewood County

(19) OCCUPATION

Housewife(21) Number of children of this mother now living, including present birth
1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:15 P.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. J. Hunter

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Trinidad S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Registrar

(28) Filed

19

(29)

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.

FIRST-BORN. No. 1. TIME OTHER. No. 2, etc. In question 3. McCarver Columbia, Columbia S.C.