

(1) PLACE OF BIRTH

County of Laurens
 Township of Northville
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

854

Registration District No. 1502Registrar No. 4
(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 Stellie Lee Gee If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Boy (4) Twin or Triplet To be answered only in event of Twins or Triplets (5) Are Parents Married? Yes (6) DATE OF BIRTH Jan 21 1923
 (Time of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mandella Gee
 (9) PRESENT POSTOFFICE OF FATHER Northville, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE Laurens County, S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Toney
 (15) PRESENT POSTOFFICE OF MOTHER Northville, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Laurens County, S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 (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 alive at 3 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. H. H.(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Northville, S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Aug 7 1923

(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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