

(1) PLACE OF BIRTH

County or Charleston, S.C.

Municipality of

or

City, Town of

or

City or Charleston, S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James L. Lee Jr.

(3) Day on
which born

(4) Town
or Village

To be answered only in event of Town or Village

(5) Number in
order of birth

1st

(6) Are
Parents
Married.

Yes

9 A

Registered No. Q.Q.
(For use of Local Registrar)

470

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

(7) DATE OF
BIRTH July 29, 1928
(Month of Month) (Day) (Year)

MOTHER.

(8) NAME BEFORE
MARRIAGE

(9) PRESENT
PHOTOGRAPH
OF MOTHER

(10) COLOR
OR
RACE

(11) AGE AT LAST
BIRTHDAY 27
(Years)

(12) AGE AT LAST
BIRTHDAY 23
(Years)

(13) BIRTHPLACE

(14) OCCUPATION

(15) PRESENT
PHOTOGRAPH
OF FATHER

(16) COLOR

RACE

(17) BIRTHPLACE

(18) OCCUPATION

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

(21) 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 Born alive at 8:15 A.M.
Born alive or stillborn (Born A.M. or P.M.)
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplement-
tal report

(26) Witness

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

(27) Filed

1930 15 1928 Charleston, S.C.

*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.

Filled July 29, 1928 1928