

(1) PLACE OF BIRTH

County of TIMMONSVILLE, S. C.

Township of

or
Inc. Town of

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 Michael Lee

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

(3) SEX OF CHILD Boy

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Age of Parent

(7) Date of Birth

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Michael Lee(9) PRESENT POSTOFFICE OF FATHER TIMMONSVILLE, S. C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 17

(Year)

(12) BIRTHPLACE T.C.(13) OCCUPATION 100 1000

MOTHER

(14) MARY REPORT MARRIAGE Stephen Raylin(15) PRESENT POSTOFFICE OF MOTHER TIMMONSVILLE, S. C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 19

(Year)

(18) BIRTHPLACE T.C.(19) OCCUPATION 100 1000(20) Number of children born to mother, including present birth 15(21) Number of children of the mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn) (Date A. M. or P. M.)

(23) Signature of Physician or Midwife

(24) Name of Physician or Midwife

(25) Address of Physician or Midwife

(When made, attach stamp of Registrar and report)

(Signature of witness necessary only when question is signed by mother)

(Date) 17 22 (City) Timmons

When there is a change of residence, the father, householder, etc., should make this return. If a child is born, the mother should make this return. No report is desired of stillbirths.