

WRITE 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.

J. Cav. of Columbia.

**CERTIFICATE OF BIRTH.**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

(1) PLACE OF BIRTH  
 County of Cherokee  
 Township of Margen  
 Inc. Town of .....  
 or  
 City of ..... (No. ....) (St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**76219**  
 Registration District No. 1004-P Registered No. 132  
 (For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 15, 1914  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Clarence Lee  
 (9) PRESENT POSTOFFICE OF FATHER Duffney B. 3.  
 (10) COLOR OR RACE W. P. (11) AGE AT LAST BIRTHDAY 42 (Years)  
 (12) BIRTHPLACE S. C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth } ..... 4

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Emma Lee  
 (15) PRESENT POSTOFFICE OF MOTHER Duffney S. C. #3  
 (16) COLOR OR RACE W. P. (17) AGE AT LAST BIRTHDAY 35 (Years)  
 (18) BIRTHPLACE S. C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth } ..... 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was Alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) D. Scott  
 (24) State whether Physician or Midwife Mid (25) Address of Physician or Midwife Campers S. C.

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 Oct 1, 1914 (28) G. G. Snuggs 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.