

(1) PLACE OF BIRTH

County Anderson

Township of Redman

Inc. Town of Redman

City of Redman

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — for State Registrar Only

186

Registration District No. 3 B

Registered No. 1

(For use of Local Registrar)

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

(2) Full Name of Child Will Lee

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

(3) BOY OR GIRL? Boy (4) Twin or triplet? 1 (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1 4 13

FATHER

MOTHER

(8) FULL NAME W. L. Lee

(14) NAME BEFORE MARRIAGE Ada Johnson

(9) PRESENT POSTOFFICE OF FATHER Redman

(15) PRESENT POSTOFFICE OF MOTHER Redman

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Anderson Co

(18) BIRTHPLACE Anderson Co

(13) OCCUPATION Yoman

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Redman

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Jan 8 1913 (28) [Signature] 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.