

(1) PLACE OF BIRTH

County of AndersonTownship of Piedmont

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

243

Registration District No. 310 Registered No. 1
(For use of Local Registrar)

(2) Full Name of Child

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

(1) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>(to be answered only in case of twins or triplets)</small>	(5) Number in order of birth	(6) Age Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 6 1932</u> <small>(Name of Month) (Day) (Year)</small>
(8) FATHER'S FULL NAME <u>Jackson Lee</u>		(9) MOTHER'S NAME BEFORE MARRIAGE <u>Sarah E. Thomas</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Piedmont S. C.</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Piedmont S. C.</u>		
(12) COLOR OR RACE <u>Chesd.</u>	(13) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(14) COLOR OR RACE <u>Chesd.</u>	(15) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>	
(16) BIRTHPLACE <u>Anderson S. C.</u>		(17) BIRTHPLACE <u>Anderson S. C.</u>		
(18) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 9 A. M. on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)(23) (Signature) N. W. Lewis

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb. 16 1932(28) N. W. Lewis
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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MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

In the case of twins or triplets use a separate sheet for each child and mark it accordingly.

Form No. 1, Columbia