

## (1) PLACE OF BIRTH

County of LancasterTownship of Lancaster

or

Inc. Town of Lancaster

or

City of Lancaster

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19272

Registration District No. 2900Registered No. 76  
(For use of Local Registrar)(No. 2900 St.; 76 Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.(2) Full Name of Child James William Lee If child is not yet named, make supplemental report as directed3. BOY OR GIRL? 1 4. Twin or Triplet? To be answered only in event of Twins or Triplets 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH Jan 15 19 27  
(Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME James William Lee9. PRESENT POSTOFFICE OF FATHER Lee Mills10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)12. BIRTHPLACE Lancaster, S.C.13. OCCUPATION Farmer14. Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Miss Mary Lee(15) PRESENT POSTOFFICE OF MOTHER Lee Mills(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE Lancaster, S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Lancaster M., on the date above stated. (Born alive or stillborn (Hour, M. or P. M.))(23) (Signature) James W. Lee(24) State, whether Physician or Midwife Physician Address of Physician or Midwife Lancaster, S.C.

Given name added from a supplemental report

(26) Witness James W. Lee  
(Signature of Witness necessary only when question 23 is signed by mother)(27) Filed Jan 15 19 27 (28) James W. Lee  
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.