

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 4.

(1) PLACE OF BIRTH

County of Anderson
 Township of Anderson
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 18008

Registration District No. 304 Registered No. 18008
 (For use of Local Registrar)

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

(3) SEX MALE (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age 12 (7) DATE OF BIRTH Feb. 3, 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>James H. Lee</u>	(14) NAME BEFORE MARRIAGE <u>Miss Hunt</u>	(9) PRESENT RESIDENCE OF FATHER <u>James H. Lee</u>	(15) PRESENT RESIDENCE OF MOTHER <u>James H. Lee</u>
(10) COLOR <u>White</u>	(16) COLOR <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u>	(17) AGE AT LAST BIRTHDAY <u>24</u>
(12) BIRTHPLACE <u>Ill</u>	(18) BIRTHPLACE <u>Ill</u>	(13) OCCUPATION <u>Insurance</u>	(19) OCCUPATION <u>Housewife</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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James H. Lee (24) State whether Physician or Midwife (25) Address of Physician or Midwife James H. Lee

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 10, 1923 (28) James H. Lee

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.