

Form No. 8

1) PLACE OF BIRTH

County of *Williamburg*

Township of *Smith*

or

City of

or

or

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *4310*

FILE NO. For State Registrar Only

30543

Registered No. *12*

(For use of Local Registrar)

2) Full Name of Child

Thelma Lee

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

BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are you Parents Married?

(7) DATE OF BIRTH *Sept 14 1923*
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

FULL NAME *Emory Lee*

PRESENT POSTOFFICE OF FATHER *Lake City*

COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *23* (Years)

BIRTHPLACE *SC*

OCCUPATION *Farmer*

Number of children born to mother, including present birth *3*

MOTHER

(14) NAME BEFORE MARRIAGE *Rosa Floyd*

(15) PRESENT POSTOFFICE OF MOTHER *Lake City SC*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *19* (Years)

(18) BIRTHPLACE *SC*

(19) OCCUPATION *Housewife*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *alive* at *6* M. on the date above stated.

(23) (Signature) *Jane F. Smith*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lake City

(26) Witness

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

(27) Filed *Sept 14 1923* (28) *One W. A. Fitch* Local Registrar

When name added from a supplemental report

19. 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.