

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		No. 1a.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>18950</b> </div>	
County of <u>Richland</u>		Registration District No. <u>3810</u>		Registered No. <u>68</u>	
Township of <u>Wynnewood</u>		(For use of Local Registrar)			
Inc. Town of .....		(No. .... St. .... Ward)			
City of .....		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
(2) Full Name of Child <u>Hermina Lee</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age <u>year</u>	(7) DATE OF BIRTH <u>June 5-23</u> (Month) (Day) (Year)	
<b>FATHER.</b>			<b>MOTHER.</b>		
(8) FULL NAME <u>Wm. C. Lee</u>			(14) NAME BEFORE MARRIAGE <u>Peggie Kethers</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Blytheville 12#</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Blytheville</u>		
(10) COLOR OR RACE <u>Col.</u>			(16) COLOR OR RACE <u>Col.</u>		
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)		
(12) BIRTHPLACE <u>Union Springs Co</u>			(18) BIRTHPLACE <u>Richland Co</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>230 P</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Wm. C. Lee</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Blytheville S.C.</u>					
Given name added from a supplemental report			(26) Witness .....		
.....			(27) <u>June 8-1923</u> (28) <u>W. C. Lee</u> Registrar 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.