

Form No. 1.

(1) PLACE OF BIRTH

County of UnionTownship of Unionor  
Inc. Town ofCity of Union

(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

44855

Registration District No. 42 A Registered No. 143

(For use of Local Registrar)

(No. Buffalo Road St.: 7 Ward)(2) Full Name of Child Andrew Jackson Lee

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE Dec. 12 BIRTH 1915  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Lee(9) PRESENT POSTOFFICE OF FATHER Whitmore SC(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Newberry Co SC(13) OCCUPATION mill operative(20) Number of children born to mother, including present birth 3(14) NAME BEFORE MARRIAGE Alice Parrish(15) PRESENT POSTOFFICE OF MOTHER Union SC(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Chester Co SC(19) OCCUPATION mill operative(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Hour A. M. or P. M.) 3 P. M.  
on the date above stated.(23) (Signature) D. S. Sarra(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union SC

Given name added from a supplemental report

191...

Registrar

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

(27) Filed Dec 16 1915(28) D. S. Sarra 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.

MARGIN RESERVED FOR BINDING. 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 5.

McCaw of Columbia