

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Horace Co S C STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Carroll State Board of Health

File No.—For State Registrar Only
46180

Inc. Town of Forestville S C Registration District No. 2001 Registered No. 5
 OF (For use of Local Registrar)
 City of Forestville S C (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 Thymon Junior Lee If child is not yet named, make supplemental report as directed

(3) BOY <input checked="" type="checkbox"/> GIRL <input checked="" type="checkbox"/>	(4) Twin or Triplet? <input type="checkbox"/>	(5) Number in order of birth <u>33</u>	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>Jan 12 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Junie Hyman</u>	(14) NAME BEFORE MARRIAGE <u>Lula Capital & Calcutt</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Forestville S C</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Forestville S C</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Horace Co S C</u>	(18) BIRTHPLACE <u>Horace Co S C</u>			
(13) OCCUPATION <u>Farm</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>7</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at Forestville S C on the date above stated. (Hour A. M. or P. M.) 12 P.

(23) (Signature) N. S. Trinklea
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hyman St.

Given name added from a supplemental report
May 10, 1916.
C. W. Miller
Deputy Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Jan 13 1916. (28) E. L. Montgomery
 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.
 WHITE 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