

## (1) PLACE OF BIRTH

County of LeeTownship of Leeor  
Inc. Town of LeeCity of Lee

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29623

Registration District No. 1208 Registered No. 1208  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Ornel { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH July 18 1923

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Clara Ornel(14) NAME BEFORE MARRIAGE Mary Windum(9) PRESENT POSTOFFICE OF FATHER Soc. Hill(15) PRESENT POSTOFFICE OF MOTHER Society Hill(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 28  
(Years)(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 24  
(Years)(12) BIRTHPLACE S.C.(18) BIRTHPLACE S.C.(13) OCCUPATION Farmer(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth { 5(21) Number of children of this mother now living, including present birth { 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Georgia Edwards(24) State whether Physician or Midwife (25) Address of Physician or Midwife Soc. Hill

Name added from a supplemental report

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

(27) Filed 191 (28) J. J. Matheson 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.

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