

CERTIFICATE OF BIRTH

File No. — For State Registrar Only
66281

(1) PLACE OF BIRTH

County of Greenville
Township of Pacolet

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

Inc. Town of Registration District No. 4076 Registered No. 94
(For use of Local Registrar)
City of (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 Maudie Vashi Lee { If child is not yet named, make supplemental report as directed

| | | | | |
|--|----------------------|------------------------------|---|---|
| (3) BOY OR GIRL? <u>girl</u> | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH <u>June 16 1916</u> (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>Pearl Lee</u> | | | (14) NAME BEFORE MARRIAGE <u>Mary M. Campbell</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Pacolet, S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Pacolet, S.C.</u> | |
| (10) COLOR OR RACE <u>White</u> | | | (16) COLOR OR RACE <u>White</u> | |
| (11) AGE AT LAST BIRTHDAY <u>30</u> (Years) | | | (17) AGE AT LAST BIRTHDAY <u>26</u> (Years) | |
| (12) BIRTHPLACE <u>S.C.</u> | | | (18) BIRTHPLACE <u>N.C.</u> | |
| (13) OCCUPATION <u>Farmer</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>5</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. L. Kirkpatrick
(24) State whether Physician or Midwife M. D. (25) Address of Physician or Midwife Pacolet, S.C.

Given name added from a supplemental report

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

(27) Filed June 20 1916 (28) M. W. Brown 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.

RECEIVED FROM THE REGISTRAR
WITHIN FIFTEEN DAYS OF THE DATE OF BIRTH
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 2.