

IN PLACE OF BIRTH

County of Hamberg.....

Township of

City of Hamberg 50.....

City of Hamberg 50.....

City of Hamberg 50.....

City of Hamberg 50.....

City of Hamberg 50.....

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

File No.—For State Registrar Only
21923

Registration District No. 34-2 Registered No. 99
(For use of Local Registrar)

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1. Full Name of Child Jeff. Deacons Lee

2. Sex Male

3. Date of Birth July 24, 1923

4. Time of Birth 5:00

5. Place of Birth Hamberg 50

6. Color or Race White

7. Age at Last Birthday 29

8. Occupation Cotton mill op

9. Name of Father Wm. Newton Lee

10. Name of Mother Marion Williams

11. Present Postoffice of Mother Hamberg 50

12. Color or Race of Mother White

13. Birthplace of Mother 50

14. Occupation of Mother Housewife

15. Number of children of this mother now living, including present birth 3

16. Name of Attending Physician or Midwife Constance H. H.

17. Address of Physician or Midwife Hamberg 50

18. Signature of Physician or Midwife Constance H. H.

19. State whether Physician or Midwife Physician

20. Signature of Witness J. Cunningham

21. Address of Witness Hamberg 50

22. Signature of Registrar J. Cunningham

23. Date of Filing Aug 4, 1923

24. Local Registrar J. Cunningham

25. 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.