

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 1.

(1) PLACE OF BIRTH

County of Orangeburg  
 Township of Orangeburg  
 Inc. Town of.....  
 City of.....

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

4873

Registration District No. 3.6.1.3 Registered No. 18  
 (For use of Local Registrar)

(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 Harriet Louise Lee If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are twins or triplets yes (7) DATE OF BIRTH Feb 10 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>James L. Lee</u>	(14) NAME BEFORE MARRIAGE <u>Betha Lee</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Orangeburg, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg, S.C.</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(12) BIRTHPLACE <u>Orangeburg, S.C.</u>	(18) OCCUPATION <u>Farmer</u>	(19) BIRTHPLACE <u>Orangeburg, S.C.</u>	(20) OCCUPATION <u>Farmer</u>
(21) Number of children born to mother, including present birth <u>2</u>	(22) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) Dr. J. B. Lee (25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife Orangeburg, S.C.

Given name added from a supplemental report

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

(28) Filed Feb 17 1923 (29) 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.