

(1) PLACE OF BIRTH

County of YorkTownship of LowerInc. Town of Eastover

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 8809

File No. — For State Registrar Only

8413

Registered No. 99

(For use of Local Registrar)

(No. 8809 St. 99 Ward 99)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child John Lee

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL?

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Feb 22, 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE

12) BIRTHPLACE

13) OCCUPATION

14) Number of children born to mother, including present birth

(11) AGE AT LAST BIRTHDAY

(Year) 34

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(16) BIRTHPLACE

(16) OCCUPATION

(21) Number of children of this mother now living, including present birth

(17) AGE AT LAST BIRTHDAY

(Year) 30

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5:49 M..
on the date above stated. Born alive or stillborn Hour A. M. or P. M.)(23) (Signature) John Lee

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28)

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.