

## (1) PLACE OF BIRTH

County of LeeTownship of Salmonor  
Inc. Town of Salmonor  
City of Salmon

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4863

Registration District No. 3005 Registered No. 7  
(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 Keray Lease If child is not yet named, make supplemental report as directed(4) BOY OR GIRL Girl (5) Twin or Triplet? no (6) Number in order of birth one (7) Are Parents Married? yes (8) DATE OF BIRTH Jan 12 1922  
(Name of Month) (Day) (Year)

## FATHER.

(9) FULL NAME Prize Lease(10) PRESENT POSTOFFICE OF FATHER Cameron & Co(11) COLOR OR RACE Teal (12) AGE AT LAST BIRTHDAY 26 (Years)(13) BIRTHPLACE Sumter Co(14) OCCUPATION Farming(15) Number of children born to mother, including present birth 1

## MOTHER.

(16) NAME BEFORE MARRIAGE Ma mil mickle(17) PRESENT POSTOFFICE OF MOTHER Cameron & Co(18) COLOR OR RACE Teal (19) AGE AT LAST BIRTHDAY 27 (Years)(20) BIRTHPLACE Sumter Co(21) OCCUPATION House wife(22) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(23) I hereby certify that I attended the birth of this child, who was alive at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour & M. or P.M.)(24) (Signature) Mary Thompson(25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife Cameron & Co

Given name added from a supplemental report

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

(28) Filed Feb 7 1922 (29) Estelle Outlaw 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.