

(1) PLACE OF BIRTH

County of Spartanburg
 Township of James
 or
 Inc. Town of..... Reg
 or
 City of (No

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2557

Registration District No. 4519. Registered No. 20.....
(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 Russell Andrew Minor { 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

(5) Are Parents Married? *Yes*

(7) DATE OF BIRTH Jan. 5 1922
(Name of Month) (Day) (Year)

FATHER

(b) FULL NAME Lee Lee Lin Lee

(9) PRESENT POSTOFFICE OF FATHER *Thorn Hill*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *28*
(Year)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE *Emma*

(15) PRESENT POSTOFFICE OF MOTHER - Moore, Rte. 2

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY..... *20*

(18) BIRTHPLACE

(18) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

1 (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 Jan 10 1921 (28) L. Trench
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.