

(1) PLACE OF BIRTH

County of Richland
 Township of Columbia
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31931

Registration District No. 38 Registered No. 1722
 (For use of Local Registrar)

(2) Full Name of Child Elaine Lee (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 25, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Lee
 (9) PRESENT POSTOFFICE OF FATHER Columbia
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Richland county
 (13) OCCUPATION labor

(20) Number of children born to mother, including present birth 1 4

MOTHER.

(14) NAME BEFORE MARRIAGE Eugina Hunter
 (15) PRESENT POSTOFFICE OF MOTHER Columbia
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Richland county
 (19) OCCUPATION house keeping

(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Murphy
 (24) State whether Physician or Midwife midwife (25) Address of Physic or Midwife Bridge road

Given name added from a supplemental report

Willie Lee
 19 22
 Registrar

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

(27) Filed 9-29 19 22 (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.

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MARGIN RESERVED FOR INDEXING. WHEN EXAMINING THIS CERTIFICATE IN THE OFFICE OF THE STATE REGISTRAR, BE SURE TO WRITE IN THE MARGIN THE NAME OF THE CHILD, THE DATE OF BIRTH, AND THE NAME OF THE PHYSICIAN OR MIDWIFE. IN THE CASE OF STILLBIRTHS, WRITE IN THE MARGIN THE WORD "STILLBORN".

McGraw-Hill, Columbia, S. C.