

Form No. 1

(1) PLACE OF BIRTH

County of Wade  
 Township of Wade  
 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  
**3642**

Registration District No. 103 Registered No. 14  
 (For use of Local Registrar)  
 (No. of Ward)  
 (If birth occurs in a hospital or other institution, give name and number of street and number.)

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

(3) Sex girl (4) Time of birth 11:23 (5) Age at birth 11  
 (6) Date of birth 24 1914  
 (Name of Month) (Day) (Year)

**FATHER**  
 (7) Full name Thad Johnson  
 (8) Present postoffice of father Turner NC  
 (9) Color or race White (10) Age at last birthday 28  
 (11) Birthplace OK to NC  
 (12) Occupation Farming

**MOTHER**  
 (13) Name before marriage Roxie Lee McComie  
 (14) Present postoffice of mother Rehoboth NC  
 (15) Color or race White (16) Age at last birthday 15  
 (17) Birthplace Rehoboth NC  
 (18) Occupation

(19) Number of children born to mother, including present birth One  
 (20) Number of children of this mother now living, including present birth One

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(21) I hereby certify that I attended the birth of this child, who was born on the date above stated.  
 (22) (Signature) John F. Thompson at 7:45 P. M.  
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Rehoboth NC

Given name added from a supplemental report  
 (25) Witness (Signature of Witness necessary only when question 22 is signed by nurse)  
 (26) Filed 2-20-14 (27) (Signature)

\*When there was no attending physician or midwife, then the father, householder, etc., must report the birth. If a child breathed even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.