

IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

## (1) PLACE OF BIRTH

County of Lancaster  
 Township of Lancaster  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

22886

Registration District No. 1402Registered No. 90  
(For use of Local Registrar)

(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 Levin Elizabeth Lees If child is not yet named, make supplemental report as directed

(3) BOY OR girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 26, 19 27  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Boysa Dean Lees  
 (9) PRESENT POSTOFFICE OF FATHER Lancaster S.C. Watts Mill  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)  
 (12) BIRTHPLACE N.C.  
 (13) OCCUPATION Weaver  
 (20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Iris Senora Fulbright  
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C. Watts Mill  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE N.C.  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:27 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. P. McBowman(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Wrens S.C.

Given name added from a supplemental report

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

(27) Filed July 20, 19 27 (28) R. E. Buckner 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.