

(1) PLACE OF BIRTH

County of Greenville
 Township of Highland
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

3869

Registration District No. 2010 Registered No. 9
 (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 Benjamin M. Lee (If child is not yet named, make supplemental report directed)

(3) SEX Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 2 1913
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Frank M. Lee
 (9) PRESENT POSTOFFICE OF FATHER Conway, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
 (12) BIRTHPLACE P.O.
 (13) OCCUPATION Farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Rodie Willis
 (15) PRESENT POSTOFFICE OF MOTHER Conway, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37
 (18) BIRTHPLACE P.O.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (21) I hereby certify that I attended the birth of this child, who was Benjamin M. Lee at Conway, S.C.
 on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) Magaret Lee
 (23) State whether Physician or Midwife Midwife
 (24) Given name added from a supplemental report
 (25) Witness E. P. Stewart
 (Signature of Witness necessary only when question 23 is signed by child)
 (26) Filed Feb 18 1913 (27) Local Registrar E. P. Stewart

When there was no attending physician or midwife, then the father, householder, etc., should make this return if a child branches even once. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.