

(1) PLACE OF BIRTH

County of OconeeTownship of PulaskiInc. Town of Registration District No. 35.03 Registered No. 13City 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 Homer Dalton Lee } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be assigned only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 17, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Marcus Davis Lee(9) PRESENT POSTOFFICE OF FATHER Long Creek(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 59
(Years)(12) BIRTHPLACE Oconee County S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth } 5

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Thoe Calenback(15) PRESENT POSTOFFICE OF MOTHER Long Creek(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 42
(Years)(18) BIRTHPLACE Rabon County Ga.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth } 3CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE⁹(22) I hereby certify that I attended the birth of this child, who was born alive at 10 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. Sally Smith(24) State whether Physician or Midwife } Midwife (25) Address of Physician or Midwife Long Creek S.C.

Given name added from a supplemental report

(26) Witness M. D. Lee
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed August 1916 (28) Greer C. Watkins
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. H.—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.

McCaw, of Columbia.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

74098