

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

City of Charleston
 County of Charleston
 Municipality of Charleston
 Registration District No. 9A Registered No. 30
 In Town or Charleston (For use of Local Registrar)
 City of Charleston (No. Norcy Watson St. Ward)
 (If birth occurs in a hospital or other institution, give name instead of street and number.)
 (2) Full Name of Child Lee If child is not yet named, make supplemental report as directed

(1) SEX Male (4) Twin or Triplet X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 9 1923
 (Date of Month) (Day) (Year)

FATHER
 (8) NAME BEFORE MARRIAGE Lee
 (9) PRESENT POSTOFFICE OF FATHER Charleston SC
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 33 (Years)
 (12) BIRTHPLACE Charleston SC
 (13) OCCUPATION Newspaper

MOTHER
 (14) NAME BEFORE MARRIAGE Vertude Franklin
 (15) PRESENT POSTOFFICE OF MOTHER Charleston SC
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34 (Years)
 (18) BIRTHPLACE Charleston SC
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2
 (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 on the date above stated.
 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]
 (26) Witness (Signature of witness necessary only when question 22 is signed by mother)
 (27) Filed 1923 (28) [Signature] Registrar

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