

(1) PLACE OF BIRTH

County of W. H. Lee  
Township of W. H. Lee  
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

90491

Registration District No. 3704 Registered No. 219  
(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

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH 13 9 16  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Robert Jr  
(9) PRESENT POSTOFFICE OF FATHER Lugoff, S.C.  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30  
(Years)  
(12) BIRTHPLACE Country  
(13) OCCUPATION Merchant  
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lea Kelly  
(15) PRESENT POSTOFFICE OF MOTHER Lugoff, S.C.  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27  
(Years)  
(18) BIRTHPLACE Country  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was W. H. Lee at 10 10 10 M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Lee  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lugoff, 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 12/28/16 (28) W. H. Lee 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.