

(1) PLACE OF BIRTH

County of Mecklenburg  
 Township of Boysville  
 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

13117

Registration District No. 4701

Registered No. 8  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child

George J. Lee

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? \_\_\_\_\_ (7) DATE OF BIRTH Jan. 17, 1924  
 (Year of Month) (Day) (Year)

FATHER.

(9) FULL NAME Peter J. Lee  
 (10) PRESENT POSTOFFICE OF FATHER Buffalo #1  
 (11) COLOR OR RACE Cal (12) AGE AT LAST BIRTHDAY 34  
 (Year) (13) BIRTHPLACE Alb  
 (14) OCCUPATION Farmer  
 (15) Number of children born to mother, including present birth 6

MOTHER.

(16) NAME BEFORE MARRIAGE Laura J. Lee  
 (17) PRESENT POSTOFFICE OF MOTHER Buffalo #1  
 (18) COLOR OR RACE Cal (19) AGE AT LAST BIRTHDAY 38  
 (Year) (20) BIRTHPLACE Alb  
 (21) OCCUPATION Home Land Owner  
 (22) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Charlotte H. Lee  
 (25) State whether Physician or Midwife Midwife  
 (26) Address of Physician or Midwife Boysville #2

Given name added from a supplemental report

(27) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
 (28) Filed April 20 1925 (29) Local Registrar J. Boyd Lawrence

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.