

## (1) PLACE OF BIRTH

County of OconeeTownship of Pulaski

Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50019

Registration District No. 35.03 Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child Ernest Leonard 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>Take numbered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 11, 1916</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	----------------------	---	-------------------------------------	---

## FATHER.

(8) FULL NAME Nen Lee

(9) PRESENT POSTOFFICE OF FATHER Madison S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28  
(Years)

(12) BIRTHPLACE Oconee County S.C.

(13) OCCUPATION Farmers

(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Essie Denny

(15) PRESENT POSTOFFICE OF MOTHER Madison S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
(Years)

(18) BIRTHPLACE Rabun County Ga.

(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 born alive at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mr. L. S. Cooper

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Madison S.C.

Given name added from a supplemental report

(26) Witness Nen Lee (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 28, 1916 (28) Geo. 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. B.—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