

(1) PLACE OF BIRTH

County of SumterTownship of Roystonor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 12194Registration District No. 44 R.D. Registered No. 21
(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 John Lee If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH April 7 1923
(Month of Month) (Day) (Year)FATHER.
(8) FULL NAME Boyan Lee
(9) PRESENT POSTOFFICE OF FATHER Rumbert SC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Year)
(12) BIRTHPLACE Sumter Co
(13) OCCUPATION Farm Laborer
(14) Number of children born to mother, including present birth 7MOTHER.
(14) NAME BEFORE MARRIAGE Lena Benjamin
(15) PRESENT POSTOFFICE OF MOTHER Rumbert SC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Year)
(18) BIRTHPLACE Sumter Co
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was John at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Mary J. Fisher (23) Address of Physician or Midwife Rumbert
(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(25) Witness W. C. Holler (Signature of Witness necessary only when question 23 is signed by mark)(26) Filed April 14 1923 (27) W. C. Holler 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.