

Form No. 1

(1) PLACE OF BIRTH

County of DorchesterTownship of Dorchester

or

Inc. Town of

or

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

77549

Registration District No. 1513 Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child William Byron 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 Sept. 22, 1911
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jesse Lee(9) PRESENT POSTOFFICE OF FATHER Honey, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34
(Years)(12) BIRTHPLACE Florida, Suwanee Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lottie Martha Cook(15) PRESENT POSTOFFICE OF MOTHER Honey S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
(Years)(18) BIRTHPLACE Dorchester Co., S.C.(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 8:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W.E. King(24) State whether Physician or Midwife (25) Address of Physician or Midwife Dorchester, S.C.

Given name added from a supplemental report

, 191...

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 191... (28) 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.

WHEN PLACING THIS CERTIFICATE WITH THE RECORDS OF THE BUREAU OF VITAL STATISTICS, USE A SEPARATE BLANK FOR EACH CHILD, AND IN QUESTION 5, FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

McCaw, of Columbia.