

Form No. 1

(1) PLACE OF BIRTH

County of HorryTownship of Doy Staffor
Inc. Town ofCity of (No. St.; Ward)
(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. 15TB 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 <u>B</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u> <small>To be answered only in event of twins or triplets</small>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Sept. 22, 1911</u> <small>(Name of Month) (Day) (Year)</small>
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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 Horry 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. Perry(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Ayrton, S.C.

Given name added from a supplemental report

, 1911

Registrar

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

(27) Filed 1911 (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.

McCaw of Columbia
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.