

(1) PLACE OF BIRTH

County of SumterTownship of Stateway

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

66471

Registration District No. 4109Registered No. 51

(For use of Local Registrar)

(2) Full Name of Child

Marion 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

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

no

(7) DATE OF BIRTH

June 13

(Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

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(14) NAME BEFORE MARRIAGE

Rosa Lee

(15) PRESENT POSTOFFICE OF MOTHER

Dakyl SC R

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

14

(Years)

(18) BIRTHPLACE

Sumter Co.

(19) OCCUPATION

Farm Labourer

(20) Number of children of this mother now living, including present birth

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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

Given name added from a supplemental report

191...

Registrar

(25) Witness

(Signature of Witness necessary only when question 2 is signed by mark)

June 13

(26)

Ben Sanders

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.