

## (1) PLACE OF BIRTH

County of Shoartanburg  
 Township of Cherokee  
 or  
 Loc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

32242

Registration District No. 40070 Registered No. 115  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Boyce Warren 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 8 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 25 1922  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Jerry Lee</u>	(14) NAME BEFORE MARRIAGE <u>Maggie Donahoe</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Cherokee R.F.D. 2</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cherokee R.F.D. 2</u>
(10) COLOR OR RACE <u>W</u>	(16) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>47</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>8</u>	(21) Number of children of this mother now living, including present birth <u>7</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was B. A. Lee at 12 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. M. [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cherokee S.C.

Given name added from a supplemental report

L. A. Piser, M.D.  
7/16/43 19 27 Registrar

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

(27) Filed 10/10 19 27 (28) J. Blackwell Local Registrar.

When there was no attending physician or midwife, then the father, household, 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.