

(1) PLACE OF BIRTH
County of Waukegan
Township of John
or
Inc. Town of _____
or
City of _____
If birth occurs in a hospital or

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
54059

Registration District No. 43041 Registered No. 26
(For use of Local Registrar)
(No. St.; Ward)
other institution, give name of same instead of street and number.)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Twin (5) Number in order of birth 2nd (6) Are Parents Married? yes (7) DATE BIRTH March, 23, 1966
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER.

MOTHER.

(8) FULL NAME John Melvin Box Pen

(14) NAME BEFORE MARRIAGE Lee Lee

(9) PRESENT POSTOFFICE OF FATHER *Hermington*

(15) PRESENT
POSTOFFICE
OF MOTHER *Hinningsway St.*

(10) COLOR OR RACE *Caucasian* (11) AGE AT LAST BIRTHDAY *33* (Years)

(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE
Williamsburg Co.

(18) BIRTHPLACE
Williamstown Co.

(13) OCCUPATION *Planter*

(19) OCCUPATION
Housewife

(20) Number of children born to mother, including present birth 3

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 7:30 (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 16 1914 (28) 12 1914 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.