

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

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County of Anderson

STATE OF SOUTH CAROLINA

5880

Township of C. R. Miller

Bureau of Vital Statistics

State Board of Health

Inc. Town of

Registration District No. 311Registered No. 25

(For use of Local Registrar)

City of

(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 James Lee

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

3) BOY OR GIRL girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Age Parents married? yes 7) DATE OF BIRTH Feb. 15, 1923
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Ben Clark(14) NAME BEFORE MARRIAGE Edeline Lawson(9) PRESENT POSTOFFICE OF FATHER Starr S.C.(15) PRESENT POSTOFFICE OF MOTHER Starr S.C. #2(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 10 (Year)(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Year)(12) BIRTHPLACE india(18) BIRTHPLACE india(13) OCCUPATION farmer(19) OCCUPATION housewife(20) Number of children born to mother, including present birth three(21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Indman Bare

(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 April 23, 23 (28) L. C. Todd

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

Bureau of Statistics, Columbia, S. C.