

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

City of Anderson

(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

38382

Registration District No. 1ARegistered No. 424

(For use of Local Registrar)

(No. 1A)(St. 1 Ward)(2) Full Name of Child Noten Lee

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

(3) BOY
GIRL Boy(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH

(Name of Month) (Day) (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

MOTHER

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) 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 Male as born alive or stillborn (How? A. M. or P. M.)
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
al report

(26) Witness

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

(27) Filed

101

(28) F. B. CRAYTON

Local Registrar

Registrar

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

(Date of)

Registrar

Address Route 2, Anderson
Filed AUG. 20 1941