

(1) PLACE OF BIRTH

County of Chester
 Township of Blackstock
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17130

Registration District No. 1101Registered No. 331
(For use of Local Registrar)(2) Full Name of Child Charles Massey Lee

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

(1) BOY OR GIRL Boy (2) Twin or Triplet? (3) Number in order of birth (4) Are Parents Married? Yes (5) DATE OF BIRTH June 18, 28
 (Name of Month) (Day) (Year)

FATHER.

(10) FULL NAME Joseph Harvey Lee(11) PRESENT POSTOFFICE OF FATHER Chester R. F. D. #2(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 49 (Years)(14) BIRTHPLACE Chester co. S.C.(15) OCCUPATION Farmer(16) Number of children born to mother, including present birth 4

MOTHER.

(17) NAME BEFORE MARRIAGE Pauline Elizabeth Lee(18) PRESENT POSTOFFICE OF MOTHER Chester S.C. R. F. D. #2(19) COLOR OR RACE White (20) AGE AT LAST BIRTHDAY 38 (Years)(21) BIRTHPLACE Fairfield co. S.C.(22) OCCUPATION Housewife(23) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born as 5:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(25) (Signature) W. M. Wyler

(26) State whether Physician or Midwife (27) Address of Physician or Midwife

Physician Chester S.C.

Given name added from a supplemental report

(28) Witness

(Signature of Witness necessary only when question 24 is signed "Name")

(29) Filed 630(30) 1928(31) 28

Registrar

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.

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