

## (1) PLACE OF BIRTH

County of Lee  
 Township of Rock Hill  
 or  
 Inc. 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  
**43388**

Registration District No. 3083

Registered No. 106  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 St.; ..... Ward)

(2) Full Name of Child Laurie Lee

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

(3) BOY OR GIRL? <u>1</u>	(4) Twin or Triplet? <u>0</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 10 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME L. Lee  
 (9) PRESENT POSTOFFICE OF FATHER Rock Hill  
 (10) COLOR OR RACE W.  
 (11) AGE AT LAST BIRTHDAY 32  
 (Years)  
 (12) BIRTHPLACE W.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Patterson  
 (15) PRESENT POSTOFFICE OF MOTHER Rock Hill  
 (16) COLOR OR RACE W.  
 (17) AGE AT LAST BIRTHDAY 17  
 (Years)  
 (18) BIRTHPLACE W.  
 (19) OCCUPATION Farmer  
 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) L. Lee

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Rock Hill

Given name added from a supplemental report

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

(27) Filed Dec 15 1922 (28) Mrs. W. J. Lee  
 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.