

## (1) PLACE OF BIRTH

County of

Township of

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

10801

Registration District No. 1573

Registered No. 4

(For use of Local Registrar)

(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

Robert Lee

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Jan. 8, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Glag Lee

(9) PRESENT POSTOFFICE OF FATHER

Darlington

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

22

(12) BIRTHPLACE

Darlington

(13) OCCUPATION

Farmer

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

One

## MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Richardson

(15) PRESENT POSTOFFICE OF MOTHER

Darlington

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

21

(18) BIRTHPLACE

Darlington

(19) OCCUPATION

Farm Helper &amp; Housewife

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

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was

alive

at 7:00 M.

on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

E. Lee

(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)

(19) Registrar

(27) Filed

Apr 1, 1922

(28)

J. S. Howell

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.