

## (1) PLACE OF BIRTH

County of YorkTownship of YorkInc. Town of YorkCity of York

# CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

Registration District No. 1000

DATE OF BIRTH

2) Full Name of Child Louise(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) Date of Birth

## FATHER.

(8) FULL NAME John M. Lee(9) PRESENT POSTOFFICE OF FATHER York 1740 2nd(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 3 (Years)(12) BIRTHPLACE York Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE White

(17) BIRTHPLACE

(18) OCCUPATION

(19) 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 born alive on the date above stated.

(23) (Signature) [Signature](24) State whether Physician or Midwife Physician

Given name added from a supplemental report

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Registrar

(25) Witness

(Signature of Witness) [Signature] when questioned as to sign(26) Filed 7/14/1911

When there was no attending physician or midwife, then the father, householder, or family doctor, or any other person who saw the child breathe even once, it must not be reported as stillborn. No report is required if delivered in the fifth month of pregnancy.

RECEIVED BY THE REGISTRAR OF THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, IN THE CITY OF COLUMBIA, SOUTH CAROLINA, THIS 14th DAY OF JULY, 1911, AT 10:00 A.M.