

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Spartanburg

Township of

or
Inc. Town of Saxon mill

or
City of

(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

5820

Registration District No. 4008

Registered No. 38
(For use of Local Registrar)

(2) Full Name of Child Virginia Vint Lee

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

(3) BOY OR GIRL girl (4) Twin or Triplet? — (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 25, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Glyde S. Lee

(9) PRESENT POSTOFFICE OF FATHER Saxon mill

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29
(Years)

(12) BIRTHPLACE Spartanburg Co.

(13) OCCUPATION mill operator

(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Mollie S. Greene

(15) PRESENT POSTOFFICE OF MOTHER Saxon mill

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE Colk Co. N.C.

(19) OCCUPATION housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2-2 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. M. Nelson M.D.
(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)

(27) Filed Feb 20, 1922 (28) E. J. Parker
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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