

PLACE OF BIRTH

City of Cherokee  
 Ship of Jefferson  
 Town of .....

# CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

**39498**

Registration District No. 12.04

Registered No. 8.9  
 (If filed by local Registrar)

Name of Child

by yes  
 FATHER.

Solomon Lee

PRESENT  
 ADDRESS  
 OF FATHER

Angelus S.C.

COLOR  
 OR  
 RACE

black

(11) AGE AT LAST  
 BIRTHDAY

23

BIRTHPLACE

S.C.

OCCUPATION

Farmer

Number of children born to  
 mother, including present birth

Two

DATE OF  
 BIRTH

July 27, 1923

MOTHER.

(1) NAME BEFORE  
 MARRIAGE

Ada Sullivan

(2) PRESENT  
 ADDRESS  
 OF MOTHER

Angelus S.C.

(3) COLOR  
 OR  
 RACE

black

(17) AGE AT LAST  
 BIRTHDAY

20

BIRTHPLACE

S.C.

OCCUPATION

housewife

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

Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... born alive at... 8 P.M.  
 on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. C. Gantt M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Jefferson, S.C.

Given name added from a supplement-  
 al report

(26) Witness

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

(27) Filed

19

(28)

D. L. Blackwell

Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make the report.  
 If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns  
 before the fifth month of pregnancy.