

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
 Township of Stateburg
 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

20362

Registration District No. 4109 Registered No. 36
 (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 Lawrence Lee
 (If child is not yet named, make supplemental report as directed)

3 BOY OR GIRL boy 4 Twin or Triplet? To be answered only in event of Twins or Triplets 5 Number in order of birth 1 6 Are Parents Married? Yes 7 DATE OF BIRTH June 29, 1922
 (Month) (Day) (Year)

FATHER.

8 FULL NAME Thos F. Lee
 9 PRESENT POSTOFFICE OF FATHER Labell, S.C.
 10 COLOR OR RACE col 11 AGE AT LAST BIRTHDAY 36
 (Years)
 12 BIRTHPLACE Sumter Co.
 13 OCCUPATION farmer
 20 Number of children born to mother, including present birth 7

MOTHER.

14 NAME BEFORE MARRIAGE Martha Ann Roach
 15 PRESENT POSTOFFICE OF MOTHER Labell, S.C.
 16 COLOR OR RACE col 17 AGE AT LAST BIRTHDAY 32
 (Years)
 18 BIRTHPLACE Sumter Co
 19 OCCUPATION farm laborer
 21 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M., on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thos F. Lee
 (24) State whether Physician or Midwife father (25) Address of Physician or Midwife Labell, S.C.

Given name added from a supplemental report

(26) Witness (Miss) Marion Sander
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 6, 1922 (28) Henry Sander
 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.

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.