

WRITE 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.

McGraw-Hill of Columbia

(1) PLACE OF BIRTH Kershaw
County of Kershaw
Township of Kershaw
or
Inc. Town of
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
49559

Registration District No. 2701 Registered No. 30
(For use of Local Registrar)
St.; Ward)

(2) Full Name of Child Anna Lee { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1st</u>	(6) Age <u>2 years</u>	(7) DATE OF BIRTH <u>July 28, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.				MOTHER.
(9) FULL NAME <u>Paul Lee</u>				(14) NAME BEFORE MARRIAGE <u>Carrie Alexander</u>
(10) PRESENT POSTOFFICE OF FATHER <u>Candlen SC. #1</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Candlen SC. #1</u>
(11) COLOR OR RACE <u>Negro</u>	(12) AGE AT LAST BIRTHDAY <u>2</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>2</u> (Years)	
(18) BIRTHPLACE <u>Kershaw Co</u>		(19) BIRTHPLACE <u>Kershaw Co</u>		
(20) OCCUPATION <u>Farming</u>		(21) OCCUPATION <u>Farming</u>		
(22) Number of children born to mother, including present birth <u>1</u>		(23) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Lattie Lewis

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Candlen SC. #1

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed Set 12 1916 (28) W. J. Wilson
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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