

(1) PLACE OF BIRTH

County of CharlestonTownship of Charleston

Inc. Town of

City of

(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 Charles Lee Jr.

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Month in order of birth <u>Jan</u>	(6) DAY OF BIRTH (Name of child) (Day) (Year) <u>12</u> <u>3</u> <u>23</u>
--------------------------------	---	---	--

FATHER		MOTHER	
(8) FULL NAME <u>Charles Lee Jr.</u>	(14) NAME BY MARRIAGE <u>Charles Lee Jr.</u>	(9) PRESENT RESIDENCE OF FATHER <u>Charleston S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Charleston S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY (Year) <u>1</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY (Year) <u>23</u>
(12) BIRTHPLACE <u>Charleston S.C.</u>	(18) BIRTHPLACE <u>Charleston S.C.</u>	(13) OCCUPATION <u>Doct & Surgeon</u>	(19) OCCUPATION <u>Housekeeping</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated. (Mark born stillborn) (Hour A. M. or P. M.) 11:30

(23) (Signature)

(24) (Signature) Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 12 1923 (28) M. S. Watson Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.