

U. S. Dept. of Commerce  
Bureau of the Census

22 049343

1. PLACE OF BIRTH

Standard Certificate of Birth

FILE No.—For State Registrar Only

01212

County of Richland

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38

Registered No. ....

(For use of Local Registrar)

Township of -

or

Inc. Town of -

or

City of Columbia

(No. 1 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 Inez Daisy Lee

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

3. Boy or Girl <u>Girl</u>	If Plural births <u>-</u>	4. Twins, triplets or other..... <u>-</u>	5. Number, in order of birth..... <u>-</u>	6. Premature..... <u>-</u> Full term? <u>yes</u>	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>February 24</u> , 19 <u>22</u> (Month, day, year)
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9. Full name  
George Washington Lee  
FATHER

18. Name before  
marriage Annie Gertrude Stokes  
MOTHER

10. Residence (mailing address)  
(If non-resident, give place and State) Edgewood P.O.

19. Residence (mailing address)  
(If non-resident, give place and State) Edgewood P.O.

11. Color or race W

12. Age at child's birth 22 (years)

20. Color or race W

21. Age at child's birth 17 (years)

13. Birthplace (city or place)  
(State or country) Columbia, Richland Co.,  
South Carolina, USA

22. Birthplace (city or place)  
(State or country) Columbia, S.C.

14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular  
kind of work done, as house-  
keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which  
work done, as silk mill,  
sawmill, bank, etc. -

24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc. -

16. Date (month and year) last  
engaged in this work 19

17. Total time (years)  
spent in this work 10

25. Date (month and year) last  
engaged in this work 19

26. Total time (years)  
spent in this work -

27. Number of children of this mother  
(At time of birth and including this child (a) Born alive and now living 3 (b) Born alive but now dead - (c) Stillborn -

28. If stillborn,  
period of gestation - months - weeks

29. Cause of stillbirth.....

Before labor.....  
During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 7:11 m. on the date above stated.

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

(Signed) Mrs. Gertrude S. Lee Parent  
or....., Guardian

Given name added from  
a supplementary report.....  
(Date of).....

Address.....  
Filed Jan. 27, 1922 L. A. Risser, M.D.  
Registrar.

Registrar.

Registrar.

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)