

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
Township of Ward
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only
3298

Registration District No. 975

Registered No. 6
(For use of Local Registrar)

(2) Full Name of Child

Jerry Lee

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

(3) SEX OF CHILD Boy (4) Type of Birth Normal (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 14 1904
(Date of Month) (Day) (Year)

FATHER

(8) FULL NAME Gay Linn
(9) PRESENT RESIDENCE Travis Road
(10) ADDRESS Ward
(11) OCCUPATION Farmer
(12) Number of children born to mother, including present birth 1

MOTHER

(13) NAME BEFORE MARRIAGE Regina Leath
(14) PRESENT RESIDENCE Ward
(15) ADDRESS Ward
(16) OCCUPATION
(17) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(19) (Signature)

(20) State whether Physician or Midwife

(21) Address of Physician or Midwife

Given name added from a supplemental report

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

(23) Filed Mar 10 1904

(24) 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.

Use in case of TWINS OR TRIPLETS use 2 SUPPLEMENTARY BLANKS FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Revised by Columbia, Columbia, S. C.