

(1) PLACE OF BIRTH

County of *Albermarle*Township of *2nd Chubb*

Inc. Town of

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

Registration District No. *213*

File No.—For State Registrar Only

*2881*Registered No.
(For use of Local Registrar)(2) Full Name of Child *Albermarle 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 case of Twin or Triplet (5) Number in order of birth (6) Age Express in months *2* (7) DATE OF BIRTH *Feb. 17, 1923*
(Month) (Day) (Year)FATHER.
(8) FULL NAME *Thomas Lee*
(9) PRESENT POSTOFFICE OF FATHER *Kitchen Mill*
(10) COLOR OR RACE *colored* (11) AGE AT LAST BIRTHDAY *31*
(Year)
(12) BIRTHPLACE
(13) OCCUPATION *farmer*
(14) Number of children born to mother, including present birth *1*MOTHER.
(15) NAME BEFORE MARRIAGE *Arden Canial*
(16) PRESENT POSTOFFICE OF MOTHER *Augusta, Ga. Rb*
(17) COLOR OR RACE *colored* (18) AGE AT LAST BIRTHDAY *18*
(Year)
(19) BIRTHPLACE
(20) OCCUPATION *farmer*
(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *8 P.M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Julia Newberry*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *and wife Augusta, Ga. 16*

Given name added from a supplemental report

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

(27) Filed *July 17, 1923* (28) *J. R. Medlock*
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.