

Form No 1.

(1) PLACE OF BIRTH

County of DorchesterTownship of Dorchester

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

54018

Registration District No. 4201 Registered No. 224

(For use of Local Registrar)

(2) Full Name of Child William Lee { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or triplet? - (5) Number in order of birth - (6) Are Parents Married? Yes (7) DATE OF BIRTH June 16, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Lee(9) PRESENT POSTOFFICE OF FATHER Georgetown, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY about 58 (Years)(12) BIRTHPLACE Dorchester, S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth { Five }

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Williams(15) PRESENT POSTOFFICE OF MOTHER Georgetown, S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY about 32 (Years)(18) BIRTHPLACE Dorchester, S.C.(19) OCCUPATION Housework(20) Number of children of this mother now living, including present birth { One }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) S. D. M.

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

Midwife Georgetown, S.C.

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

(27) Filed June 17, 1916 (28) S. D. M. Local Registrar

Given name added from a supplemental report

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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.

MARGIN RESERVED FOR BINDING.

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.

Caw, of Columbia