

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 8.

(1) PLACE OF BIRTH

County of Edgefield  
 Township of Marion  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3715

Registration District No. .... Registered No. ....  
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 10, 1915  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Lee  
 (9) PRESENT POSTOFFICE OF FATHER Marion  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 34  
 (12) BIRTHPLACE Marion  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Myrtle Lee  
 (15) PRESENT POSTOFFICE OF MOTHER Marion  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 34  
 (18) BIRTHPLACE Marion  
 (19) 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 Marion on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Augusta Lee  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Marion

(Given name added from a supplemental report)

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

(27) Filed July 10, 1915 (28) Augusta Lee  
 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.