

# CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

No. for State Registrar Only  
**11297**

## (1) PLACE OF BIRTH

County of Myrtle BeachTownship of Myrtle Beach

Inc. Town of .....

City of .....

Registration District No. 3300Registered No. 21  
(For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? ☒ (7) DATE OF BIRTH May 11 1923  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>James W. ...</u>	(14) NAME BEFORE MARRIAGE <u>James W. ...</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Bennettville SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Bennettville SC</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Year)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Year)
(12) BIRTHPLACE <u>...</u>	(13) OCCUPATION <u>Farming</u>	(18) BIRTHPLACE <u>...</u>	(19) OCCUPATION <u>Farming</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) William R. ...  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife ...

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Sept 12 23 (28) W. H. Newton 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.