

(1) PLACE OF BIRTH

County of Sumter
Township of Sumter
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

79520

Registration District No. 2108

Registered No. 142
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child Walter M. 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 event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?
No

(7) DATE OF BIRTH Sept. 21, 1916
(Name) (Month) (Day) (Year)

FATHER

(8) FULL NAME: Walter M. Lee

(9) PRESENT POSTOFFICE OF FATHER: Sumter, S.C.

(10) COLOR OR RACE: Negro

(11) AGE AT LAST BIRTHDAY
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

MOTHER

(14) NAME BEFORE MARRIAGE: Nettie Brandon

(15) PRESENT POSTOFFICE OF MOTHER: Sumter, S.C.

(16) COLOR OR RACE: Negro

(17) AGE AT LAST BIRTHDAY
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Violet Anderson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Sumter, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) File Oct. 1, 1916

(28) 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.

(from 2 to 22 in.)