

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Pinckney
 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

18639

Registration District No. 2010 Registered No. 201
 (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 Winnifred M. Lee If child is not yet named, make supplemental report as directed

3 SEX OR GENDER Girl 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? Yes 7 DATE OF BIRTH June 19, 1911
 (To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Frank W. M. Lee

9 PRESENT POSTOFFICE OF FATHER Cowards, S.C.

10 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years)

12 BIRTHPLACE S.C.

13 OCCUPATION Farmer

14 Number of children born to mother, including present birth 7

MOTHER.

14 NAME BEFORE MARRIAGE Evelyn Lee

15 PRESENT POSTOFFICE OF MOTHER Cowards, S.C.

16 COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

18 BIRTHPLACE S.C.

19 OCCUPATION Housewife

20 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 5 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) James Lee
 (24) State whether Physician or Midwife Midwife address of Physician or Midwife Cowards, S.C.

Given name added from a supplemental report

(25) Witness Frank W. M. Lee
 (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed June 24, 1911 (27) 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.

MARGIN RESERVED FOR BINDING.
 WRITES PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS or TRIPLETS use SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.