

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of Blowing Rock

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

20523

Registration District No. 4404 Registered No. 46

(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 Clara 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 May 8 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robt Lee

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 24
(Years)

(12) BIRTHPLACE

SC.

(13) OCCUPATION

Farm Laborer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Ligne Dixon

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 17
(Years)

(18) BIRTHPLACE

SC.

(19) OCCUPATION

Farm Laborer

(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 at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julia Coleman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 6/27 1922 (28) J. Smith 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, as FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MEDICAL OF COLUMBIA, COLUMBIA, S. C.