

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32-35509

Registration District No. 32-3Registered No. 85
(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 MARY 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 July 7 1922
 (Time of Month) (Day) (Year)

FATHER.

(8) FULL NAME Geo F Lee
 (9) PRESENT POSTOFFICE OF FATHER Mullins SC
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 64 (Year)
 (12) BIRTHPLACE Richmond Va
 (13) OCCUPATION Inspector
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Wynn
 (15) PRESENT POSTOFFICE OF MOTHER Mullins SC
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23 (Year)
 (18) BIRTHPLACE Charleston County SC
 (19) OCCUPATION House work
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J H Smith M.D.

(24) State whether Physician or Midwife

(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) Date Sept 5 1922 (28) Local Registrar J H Smith

*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.

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