

(1) PLACE OF BIRTH

County of Richmond  
 Township of Richmond  
 or  
 Inc. Town of  
 or  
 City of Richmond  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**CERTIFICATE OF BIRTH**

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

File No. For State Registrar Only  
71005

Registration District No. 107 Registered No. 53  
 (For use of Local Registrar)  
 St.; ..... Ward

(2) Full Name of Child Eugene Brown Lee } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 10 1914</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME William Brown Lee

(9) PRESENT POSTOFFICE OF FATHER Richmond

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Richmond Co. S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 4

**MOTHER.**

(14) NAME BEFORE MARRIAGE Florrie Key

(15) PRESENT POSTOFFICE OF MOTHER Richmond

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Richmond Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

**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.) 2

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Carrie L. Brown Lee

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 1914 (28) [Signature] 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.

PHSIST-BORN, No. 1, THIS OFFICE, No. 2, etc. in question 5.  
 Copy of Columbia