

Form No. 1

## (1) PLACE OF BIRTH

County of York  
 Township of Catawba  
 OF  
 Inc. Town of .....  
 OF  
 City of ..... (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

Rebecca Lee

File No. — For State Registrar Only

38072

Registration District No. 4404 Registered No. 100  
(For use of Local Registrar)

3. BOY OR GIRL

girl

4. Twin or Triplet

True

5. Number in order of birth

2

6. Are Parents Married?

Yes

7. DATE OF BIRTH

Nov 5 23  
(Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME

Alex Lee

9. PRESENT POSTOFFICE OF FATHER

Rock Hill S.C.

10. COLOR OR RACE

Negro

11. AGE AT LAST BIRTHDAY

45  
(Years)

12. BIRTHPLACE

S.C.

13. OCCUPATION

Farm work

20. Number of children born to mother, including present birth

12

14. NAME BEFORE MARRIAGE

Sarah Lee

15. PRESENT POSTOFFICE OF MOTHER

Rock Hill S.C.

16. COLOR OR RACE

Negro

17. AGE AT LAST BIRTHDAY

35  
(Years)

18. BIRTHPLACE

S.C.

19. OCCUPATION

Farm work

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

8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature)

Elain Humphreys

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

(Give name added from a supplemental report)

(26) Witness

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

(27) Filed

11/15/23

(28)

J. R. R. R.

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.