

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Yall</u>		STATE OF SOUTH CAROLINA		36699	
Township of <u>J. Allen</u>		Bureau of Vital Statistics			
City of <u>Y. Allen</u>		State Board of Health			
Registration District No. <u>3</u>		Registered No. <u>159</u>		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)			
(2) Full Name of Child <u>Johnnie Lee</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1913</u>	
FATHER.		MOTHER.			
(8) FULL NAME <u>W. C. Lee</u>		(14) NAME BEFORE MARRIAGE <u>Martha M. Wright</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Y. Allen</u>		(16) PRESENT POSTOFFICE OF MOTHER <u>Y. Allen</u>			
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>27</u>		(17) AGE AT LAST BIRTHDAY <u>27</u>	
(12) BIRTHPLACE <u>Y. Allen</u>		(15) BIRTHPLACE <u>Y. Allen</u>			
(13) OCCUPATION <u>Farmer</u>		(18) OCCUPATION <u>Farmer</u>			
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>Y. Allen</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. C. Lee</u>					
(24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Y. Allen</u>					
(Given name added from a supplemental report)		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
19		(27) Filed <u>1913</u> (28) <u>W. C. Lee</u> 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.