

## (1) PLACE OF BIRTH

County of

Richland

Township of

Incl. Town of

or

City of

Columbia, S.C. 508 N. 1st St.

(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

87144

Registration District No. 212

Registered No. 326

(For use of Local Registrar)

## (2) Full Name of Child

George Lee

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

B

(4) Twin or Triplet?

to be answered only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

10/21/1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Walter Lee

(9) PRESENT POSTOFFICE OF FATHER

Columbia, S.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

34

(Years)

(12) BIRTHPLACE

Piedmont, N.C.

(13) OCCUPATION

Overseer, Cotton Mill

## MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie Lee

(15) PRESENT POSTOFFICE OF MOTHER

Columbia, S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

33

(Years)

(18) BIRTHPLACE

Abbeville Co., N.C.

(19) OCCUPATION

Housewife

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

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

A. Calloway, M.D.

(24) State whether Physician or Midwife

1400 Hampton

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1916

(28)

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.