

PLACE OF BIRTH

County of Williamburg
 Township of Hemlock
 or
 Inc. Town of Hemlock
 or
 City of

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

1946

Registration District No. 4304 Registered No. 33
 (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.)

(1) Full Name of Child Lena May Lee (If child is not yet named, make supplemental report as directed)

(2) SEX Girl (3) Type Yes (4) Number in order of birth 39 (5) Age Yes (6) DATE OF BIRTH April 24 1946
 To be reported only in event of Twins or Triplets (Month of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>William Thomas Lee</u>	(14) NAME BEFORE MARRIAGE <u>Ethyl Mercer</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Hemlock</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Hemlock</u>
(12) COLOR OR RACE <u>White</u>	(18) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>39</u>	(17) AGE AT LAST BIRTHDAY <u>33</u>
(15) BIRTHPLACE <u>South Carolina</u>	(19) BIRTHPLACE <u>South Carolina</u>	(11) OCCUPATION <u>Farming</u>	(21) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>7</u>	(22) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Born alive at 2:00 on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(24) (Signature) Mrs. I. A. Davis (25) Address of Physician or Midwife Hemlock
 (26) State whether Physician or Midwife Midwife

Given name added from a supplemental report
 (28) Witness (Signature of Witness necessary when question 23 is signed by mother)
 (29) Filed 4/21/46 (30) L. H. A. C. 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.