

(1) PLACE OF BIRTH  
County of Richmond  
Township of .....

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

File No.—For State Registrar Only  
**19873**

Inc. Town of ..... or .....  
City of Charleston (No. 3512 Maine 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 James Howard Lee { If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? B (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Y (7) DATE OF BIRTH Jan. 14, 1922  
(To be answered only in event of twins or triplets) (Name of Month) (Day) (Year)

**FATHER.**

8) FULL NAME Ralph Johnson Glue

9) PRESENT POSTOFFICE OF FATHER 703 Columbia St

10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 25 (Years)

12) BIRTHPLACE NC

13) OCCUPATION mail Clerk

20) Number of children born to mother, including present birth 2

**MOTHER.**

14) NAME BEFORE MARRIAGE Leila S. Reel

15) PRESENT POSTOFFICE OF MOTHER 703 Columbia St

16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Years)

18) BIRTHPLACE NC

19) OCCUPATION Keizer

21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) R. J. Jensen  
(24) State whether Physician or Midwife (25) Address & Physician or Midwife

Given name added from a supplemental report

....., 191....

.....  
Registrar

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

(27) Filled ..... (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.

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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 5.