

## (1) PLACE OF BIRTH

County of AndersonTownship of AndersonInc. Town of Anderson(City of Anderson)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3.9.01

File No. — For State Registrar Only

4587

Registered No. 21  
(For use of Local Registrar)(No. 21 St. 21 Ward 21)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child James Lee

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

3) BOY OR GIRL Boy

4) Twin or Triplet?

5) Number in order of birth 16) Are Parents Married? Yes

7) DATE OF

BIRTH 2/26/23  
(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplet

## FATHER.

8) FULL NAME James Lee9) PRESENT POSTOFFICE OF FATHER Anderson10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 2

(Years)

12) BIRTHPLACE Anderson13) OCCUPATION Farmer20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE James Lee(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 21

(Years)

(18) BIRTHPLACE Anderson(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 2:45 P.M. on the date above stated.(23) (Signature) James Lee(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

(26) Witness Mark 1

(Signature of Witness necessary only when question 22 is signed by marks)

(27) Filed 23(28) 21

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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