

Form No. 1

(1) PLACE OF BIRTH

County of SpartanburgTownship of Walnutor
Inc. Town ofor
City of

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

File No. — For State Registrar Only

10211

 Registration District No. 4006 Registered No. 74
 (For use of Local Registrar)

 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (If child is not yet named, make supplemental report as directed)
(2) Full Name of Child James Lee
 (3) SEX OR GENDER Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6-26-1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James Russell Lee(9) PRESENT POSTOFFICE OF FATHER Trough, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Mill Oper.(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Ola Ball(15) PRESENT POSTOFFICE OF MOTHER Trough, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 (21) I hereby certify that I attended the birth of this child, who was alive at 8:09 M., on the date above stated. (Hour A. M. or P. M.)

 (22) (Signature) M. D. [Signature] (23) Address of Physician or Midwife M. D. [Address]

 (24) State whether Physician or Midwife M. D.

Give name added from a supplemental report

L. A. [Signature] M.D.
7/17/23 19 23

Registrar

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

 (26) Filed July 13, 1923 (27) 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.