

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
City of Greenville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert Keith Lee3) BOY OR
GIRL4) Twin
or Triplet

To be answered only in event of Twin or Triplet

5) Number in
order of birth6) Are
Parents
Married?

7) DATE OF

BIRTH July 5 1923

(Name of Month) (Day) (Year)

MOTHER.

8) FULL
NAME9) PRESENT
POSTOFFICE
OF FATHER10) COLOR
OR
RACE

12) BIRTHPLACE

13) OCCUPATION

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

FATHER.

11) AGE AT LAST
BIRTHDAY14) NAME BEFORE
MARRIAGE15) PRESENT
POSTOFFICE
OF MOTHER16) COLOR
OR
RACE

18) BIRTHPLACE

19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name and date of registration
of registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)CITY Greenville STATE S.C.

(27)

When there is no attending physician or midwife, then the father, householder, etc., should make this return.
If a child is born at home, it should be reported as such. No report is desired of stillbirths
before the fifth month of pregnancy.