

(1) PLACE OF BIRTH

County of WayneTownship of WayneInc. Town of WayneCity of Wayne

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4201

File No. - For State Registrar Only

12291

Registered No. 3
(For use of Local Registrar)(2) Full Name of Child Walter Lee Lee

(1) BOY OR GIRL

(2) Twin or Triplet

(3) Number in order of birth

(4) Are Parents Married

(5) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME

(7) PRESENT POSTOFFICE OF FATHER

(8) COLOR OR RACE

(9) BIRTHPLACE

(10) OCCUPATION

(11) Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Walter Lee Lee at Wayne, S.C., on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed April 20 1923(28) L. B. Lee Local Registrar19 23 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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