

MARGIN RESERVED FOR INDEXING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

(1) PLACE OF BIRTH

County of Clarendon
Township of Concord
or
Inc. Town of
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

3735

Registration District No. 1302 Registered No. 9
(For use of Local Registrar)

(No. 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 Willie Lee (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb. 27, 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME William Lee
(9) PRESENT POSTOFFICE OF FATHER Shiner
(10) COLOR OR RACE Wm (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Shiner
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 13

MOTHER.
(14) NAME BEFORE MARRIAGE Sarah Broon
(15) PRESENT POSTOFFICE OF MOTHER Shiner
(16) COLOR OR RACE Wm (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Shiner
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Colored .. nt. 6 .. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. Lee

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Shiner

Given name added from a supplemental report

(26) Witness Ad. M. Lee

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

(27) Filed Feb 28, 22

(28) F. C. Richburg

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.