

(1) PLACE OF BIRTH

County of HamptonTownship of Smithor
Inc. Town ofor
City of

(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

File No.—For State Registrar Only

64720

Registration District No. 2400Registered No. 20

(For use of Local Registrar)

(2) Full Name of Child Lee Alice Best

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twin or Triplet

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 25 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Anna May Best(15) PRESENT POSTOFFICE OF MOTHER Suray S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 24

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Solider

(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 Born alive at Hampton on the date above stated. (Born alive or stillborn) Hour 3 P. M., or P. M.)(23) (Signature) Anna Thompson Midwife

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mary Bush

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

(27) Filed July 17 1916(28) H.E. Dickinson 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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FORM NO. 2
 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.
 McCaw of Columbia