

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of North
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31728

Registration District No. 3-2-2 Registered No. 1-5
 (For use of Local Registrar)

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

(2) Full Name of Child Margie Lee If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 18 1900
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard L. Lee
 (9) PRESENT POSTOFFICE OF FATHER Orangeburg, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE Orangeburg, S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1-8

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Lee
 (15) PRESENT POSTOFFICE OF MOTHER Orangeburg, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Orangeburg, S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. E. Lee
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Orangeburg, S.C.

Give name added from a supplemental report

(26) Witness J. E. Lee
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 18 1900 (28) J. E. Lee 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.

MADE IN COLUMBIA, SOUTH CAROLINA, BY G. F. BROWN, No. 1, THE OTHER, No. 2, etc. in question 1.