

Form No. 1

## (1) PLACE OF BIRTH

County of Mt. Carmel  
 Township of Mt. Carmel  
 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

19414

Registration District No. 4504Registered No. ....  
(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 Leela Lee

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

3 SEX OR GIRL Girl 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? Yes 7 DATE OF BIRTH June 20, 1922  
 To be answered only in event of Twins or Triplets (State of Month) (Day) (Year)

## FATHER.

8 FULL NAME Harry Lee  
 9 PRESENT POST OFFICE OF FATHER Mt. Carmel  
 10 COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 31 (Years)  
 12 BIRTHPLACE Coffville Co  
 13 OCCUPATION Farmer  
 20 Number of children born to mother, including present birth 3

## MOTHER.

14 NAME BEFORE MARRIAGE Leela Millin  
 15 PRESENT POST OFFICE OF MOTHER Mt. Carmel  
 16 COLOR OR RACE negro 17 AGE AT LAST BIRTHDAY 28 (Years)  
 18 BIRTHPLACE Coffville Co  
 19 OCCUPATION Farm hand  
 21 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nellie Beecher

(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 23 is signed by mark)

(27) Filed June 24, 1922 (28) D. M. Carter 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.

MARGIN RESERVE FOR BOUNDING. WHEN PLAINLY, WITH EXPANDING, THIS IS PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE SEPARATE. IN CASE OF STILLBORN, NO. 1 THE OTHER NO. 2, ETC. IN QUESTION 3. MEDICAL OF COLUMBIA, COLUMBIA, S. C.