

FORM NO. 1.

(1) PLACE OF BIRTH

County of Georgetown

Township of

or

Inc. Town of

City of Georgetown

(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

16247

Registration District No. 2-10Registered No. 3

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

James 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 1st

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Jan 15, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charles Lee

(9) PRESENT POSTOFFICE OF FATHER

St. Louis St.

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Matilda Lee

(15) PRESENT POSTOFFICE OF MOTHER

Georgetown

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

House wife

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

2

(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 on the date above stated.7 P.(23) (Signature) Dr. J. H. H. H.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(24) State whether Physician or Midwife

Midwife

Address of Physician or Midwife

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed

Jan 19 1916

(28)

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 RESERVED FOR BINDING.

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