

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

(1) PLACE OF BIRTH

County of Spanningburg  
Township of Columbia  
or  
Inc. Town of  
or  
City of (No. \_\_\_\_\_)  
(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

44634

Registration District No. H0021 Registered No. 121  
(For use of Local Registrar)

(2) Full Name of Child William Lee

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? (5) Number in order of birth  
to be assigned only in case of twins or triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec. 11, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Lee

(9) PRESENT POSTOFFICE OF FATHER Columbia

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23  
(Years)

(12) BIRTHPLACE GA

(13) OCCUPATION farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Leaf

(15) PRESENT POSTOFFICE OF MOTHER Columbia

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23  
(Years)

(18) BIRTHPLACE GA

(19) OCCUPATION domestic

(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 male at 4 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. H. H. H.

(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 Dec 11 1916 (28) Wm. H. H. H. 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.

Registrar Local Registrar

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