

MARGIN RESERVED FOR RETURNING.
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 make the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Oconee
Township of Keowee
or
Inc. Town of.....
or
City of.....

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

No. 11.—For State Registrar only
11451

Registration District No. 3502 Registered No. 14.....
(For use of Local Registrar)

(No. St. Word)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OR CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH May 23, 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME James Lee
(9) PRESENT POSTOFFICE OF FATHER Seneca
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Year)
(12) BIRTHPLACE Oconee Co. S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Ella Battonest
(15) PRESENT POSTOFFICE OF MOTHER Seneca
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Year)
(18) BIRTHPLACE Oconee Co. S.C.
(19) OCCUPATION House wife
(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Adeline Breese (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife West Union, S.C.

Given name added from a supplemental report

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

(27) Filed May 5, 1923 (28) John H. Smith 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.