

(1) PLACE OF BIRTH  
 County of Fairfield  
 Township of XXIX  
 OR  
 Inc. Town of .....

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

File No. — For State Registrar Only  
**42257**

Registration District No. 1908 Registered No. 38  
 (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 Leontology Lee (If child is not yet named, make supplemental report as directed.)

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Dec 13, 1922  
To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME John Lee  
 (9) PRESENT POSTOFFICE OF FATHER Winnabow  
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 20  
(Years)  
 (12) BIRTHPLACE Fairfield Co S  
 (13) OCCUPATION Public work  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Delia Trayner  
 (15) PRESENT POSTOFFICE OF MOTHER Winnabow  
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 19  
(Years)  
 (18) BIRTHPLACE Fairfield Co S  
 (19) OCCUPATION Farm labor  
 (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 a.m. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Watts Johnson  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Winnabow

Given name added from a supplemental report  
 .....  
 ..... 19 .....

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Dec 19, 1922 (28) DeRuff  
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.