

(1) PLACE OF BIRTH

County of FairfieldTownship of X 9

OR

Inc. Town of

OR

City of

(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

42257

Registration District No. 1908Registered No. 38
(For use of Local Registrar)(2) Full Name of Child Leontine 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? Yes (7) DATE OF BIRTH Dec 13, 1922
(Name) (Month) (Day) (Year)

FATHER.				MOTHER.			
(8) FULL NAME	<u>John Lee</u>			(14) NAME BEFORE MARRIAGE	<u>Delia Trayner</u>		
(9) PRESENT POSTOFFICE OF FATHER	<u>Winnabow</u>			(15) PRESENT POSTOFFICE OF MOTHER	<u>Winnabow</u>		
(10) COLOR OR RACE	<u>col</u>	(11) AGE AT LAST BIRTHDAY	<u>20</u> (Years)	(16) COLOR OR RACE	<u>col</u>	(17) AGE AT LAST BIRTHDAY	<u>19</u> (Years)
(12) BIRTHPLACE	<u>Fairfield Co. S.</u>			(18) BIRTHPLACE	<u>Fairfield Co. S.</u>		
(13) OCCUPATION	<u>Public work</u>			(19) OCCUPATION	<u>Farm labor</u>		
(20) Number of children born to mother, including present birth	<u>1</u>			(21) Number of children of this mother now living, including present birth	<u>1</u>		

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) W. H. Johnson
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Winnabow

Given name added from a supplemental report

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

(27) Filed Dec 19, 1922 (28) Dec 19, 1922 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.