

(1) PLACE OF BIRTH

County of Horry
 Township of Cromley
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

64783

Registration District No. 2502 Registered No. 78
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St. ; Ward

(2) Full Name of Child Loris Berneline Lee } If child is not yet named, make supplemental report as directed

| | | | | |
|--|---|---|--|--|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? | (5) Number in order of birth <u>1st born of 1st of 1st of 1st</u> | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>June 14 1916</u> (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>Willie Lee</u> | (14) NAME BEFORE MARRIAGE <u>Nettie Suggs</u> | | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Cromley SC RT 7 D</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Cromley SC</u> | | | |
| (10) COLOR OR RACE <u>White</u> | (11) AGE AT LAST BIRTHDAY <u>36</u> (Years) | (16) COLOR OR RACE <u>White</u> | (17) AGE AT LAST BIRTHDAY <u>34</u> (Years) | |
| (12) BIRTHPLACE <u>Horry Co</u> | | (18) BIRTHPLACE <u>Horry Co</u> | | |
| (13) OCCUPATION <u>Farmer</u> | | (19) OCCUPATION <u>House wife</u> | | |
| (20) Number of children born to mother, including present birth <u>8</u> | | (21) Number of children of this mother now living, including present birth <u>7</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White, at 5 AM., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Oliver H. Ishman
 (24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Cromley SC

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 June 17 1916 (28) J. D. Dargatzis 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.

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.
 McCraw, of Columbia.