

## (1) PLACE OF BIRTH

County of ChristchurchTownship of FairfieldInc. Town of Fairfield

(City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 1106

File No. — For State Registrar Only

17187

Registered No. 64  
(For use of Local Registrar)(No. 64 Ward)

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

## (2) Full Name of Child

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

2) BOY OR GIRL <u>Girl</u>	3) Date of Birth <u>June 2, 1923</u>	4) Are Parents Married? <u>Yes</u>	5) DATE OF BIRTH <u>June 2, 1923</u>
6) FATHER'S FULL NAME <u>Charles Emerson Lee</u>		7) MOTHER'S NAME BEFORE MARRIAGE <u>Rhoda Adams</u>	
8) PRESENT POSTOFFICE OF FATHER <u>Fairfield S.C.</u>		9) PRESENT POSTOFFICE OF MOTHER <u>Fairfield S.C.</u>	
10) COLOR OR RACE <u>white</u>	11) AGE AT LAST BIRTHDAY <u>24</u>	12) COLOR OR RACE <u>white</u>	13) AGE AT LAST BIRTHDAY <u>30</u>
14) BIRTHPLACE <u>Fairfield Co</u>	15) OCCUPATION <u>mill work</u>	16) BIRTHPLACE <u>Christchurch Co</u>	17) OCCUPATION <u>Housework</u>
18) Number of children born to mother, including present birth <u>2</u>	19) 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 on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(If name added from a supplemental report)

(26) Witness

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

(27) Filed

6/29/23

(28)

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.

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