

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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

42017

Registration District No. 1507

Registered No. 51
(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

Frank Lee Jr.

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

3d

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

april 3 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Frank Lee

(9) PRESENT POSTOFFICE OF FATHER

Darlington R.D. 4

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

Darlington County

(13) OCCUPATION

Farming

MOTHER.

(14) NAME BEFORE MARRIAGE

Rachel Thomas

(15) PRESENT POSTOFFICE OF MOTHER

Darlington R.D. 4

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

Darlington County

(19) OCCUPATION

(20) Number of children born to mother, including present birth

3

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... on the date above stated.

April 3d

at 12 M.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Darlington S.C. R.D. 3.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 19 1923

(28) Local Registrar

C. A. Early

*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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.