

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

Registration District No. 2010

No. for this Register

28326

Registered No. 47-
(For use of Local Registrar)(2) Full Name of Child Hattie Lee

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

(3) BOY OR GIRL girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth 1(6) Are marks present yes

(7) DATE OF BIRTH

Sept. 22, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Shappy Lee

(9) PRESENT POSTOFFICE OF FATHER

Coward SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

42
(Years)

(12) BIRTHPLACE

Florence Co. SC

(13) OCCUPATION

Farmer.

MOTHER.

(14) NAME BEFORE MARRIAGE

Ellen Wilkes

(15) PRESENT POSTOFFICE OF MOTHER

Coward SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

43
(Years)

(18) BIRTHPLACE

Florence Co. SC

(19) OCCUPATION

Housewife

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

5

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 a.m. on the date above stated.
(Born alive or stillborn (Hour, M. or P.M.))(23) (Signature) H. M. Graham

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Coward

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 9, 1923 E. L. Montgomery
Local Registrar.19
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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