

(1) PLACE OF BIRTH

County of DillonTownship of Harleesville

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. 1602 Registered No. 159
(For use of Local Registrar)

(2) Full Name of Child

Peety LeeSex MaleType or Trait To be answered only in case of Twins or TripletsNumber in order of birth 1Are Parents Married YesDATE OF BIRTH Dec 16 22
(Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME William Lee(2) PRESENT POSTOFFICE OF FATHER Harleesville(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 27
(Year)(12) BIRTHPLACE Harleesville(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1(14) NAME BEFORE MARRIAGE Miss Lee(15) PRESENT POSTOFFICE OF MOTHER Harleesville(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 18
(Year)(18) BIRTHPLACE Harleesville(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Mark A. M. or P. M.)
on the date above stated.(23) (Signature) W. H. Hardy(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Harleesville, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 20 22(28) Local Registrar W. H. Hardy

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.