

WHITES PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA		2528	
Township of <u>Paedict</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>4.006</u>		Registered No. <u>11</u>	
or				(For use of Local Registrar)	
City of		(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 <u>Millard Lee</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>1-23-1922</u>	
To be answered only in event of Twin or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Jesse M. Lee</u>			(14) NAME BEFORE MARRIAGE <u>Gracie Smith</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Trouble, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Trouble, S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)		
(12) BIRTHPLACE <u>N.C.</u>			(18) BIRTHPLACE <u>Tenn</u>		
(13) OCCUPATION <u>millwork</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) 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 <u>Alive</u> at <u>9.45 A.M.</u> on the date above stated. (Born alive or stillborn. (Hour <u>A.M.</u> or P.M.))					
(23) (Signature) <u>N. L. Ketchum</u>					
(24) State whether Physician or Midwife <u>M.D.</u> Address of Physician or Midwife <u>Paedict, S.C.</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>2-1-1922</u> (28) <u>M. W. Brown</u> 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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