

(1) PLACE OF BIRTH

County of Anderson
 Township of Brady Creek
 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

13581

Registration District No. _____

Registered No. _____
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. _____ St. _____ Ward _____)

(2) Full Name of Child Lee

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 25 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. Deaf. Hardland
 (9) PRESENT POSTOFFICE OF FATHER Williamston SC R#2
 (10) COLOR OR RACE white
 (11) AGE AT LAST BIRTHDAY 44 (Year)
 (12) BIRTHPLACE SC

OCCUPATION

Farming(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Marta Bridges
 (15) PRESENT POSTOFFICE OF MOTHER Williamston R#2
 (16) COLOR OR RACE white
 (17) AGE AT LAST BIRTHDAY 36 (Year)
 (18) BIRTHPLACE SC

OCCUPATION

House wife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Allred(24) State whether Physician or Midwife(25) Address of Physician or Midwife Williamston SC R#2

Given name added from a supplemental report

(26) Witness _____ Signature of Witness necessary only when question 25 is signed by mark

19 Registrar

(27) Filed

19

(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.

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.