

(1) PLACE OF BIRTH

County of Horry
Township of Effingham
or
Inc. Town of Effingham
or
City of Effingham

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

42386

Registration District No. 2004 Registered No. 84
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Charles Cosington 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 1st (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 6 20
(Name of Month) (Day) (Year)

FATHER FULL NAME William P Lee MOTHER NAME BEFORE MARRIAGE Bessie Young

(8) PRESENT POSTOFFICE OF FATHER Effingham SC (14) NAME BEFORE MARRIAGE Bessie Young (15) PRESENT POSTOFFICE OF MOTHER Same

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 53 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28

(12) BIRTHPLACE SC (18) BIRTHPLACE SC

(13) OCCUPATION Farming (19) OCCUPATION Same

(20) Number of children born to mother, including present birth 13 (21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Chas Cosington Lee (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Effingham SC

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 13 1922 (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.

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