

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MARY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Alameda  
 Township of .....  
 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

20345

Registration District No. .... Registered No. 118  
 (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 Richard 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 Jan 13 1925  
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME James H. Lee  
 9) PRESENT POSTOFFICE OF FATHER Alameda  
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 24  
 (Years)  
 12) BIRTHPLACE Alameda  
 13) OCCUPATION Farmer  
 20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Lillian Lee  
 15) PRESENT POSTOFFICE OF MOTHER Alameda  
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 25  
 (Years)  
 18) BIRTHPLACE Alameda  
 19) OCCUPATION Farmer  
 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 ..... at ..... A.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. Lee  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Alameda

Given name added from a supplemental report

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

(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.