

Form No 1.

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

County of Florence

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Lake

or

Inc. Town of Lee

or

City of Lee

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

Registration District No. 2009 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child Charlie Arthur { 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 25 1926 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charlie Arthur(9) PRESENT POSTOFFICE OF FATHER Lee(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Williamsonburg(13) OCCUPATION farmer(20) Number of children born to mother, including present birth Five

## MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Mathews(15) PRESENT POSTOFFICE OF MOTHER Lee(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Williamsonburg(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 a.m. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) M. Mathews(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lee

Given name added from a supplemental report

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Registrar

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

(27) Filed 2/1 191... (28) R. Lee Carter 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.

MARGIN RESERVED FOR INDEXING.  
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each CHILD. Mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McCaw, of Columbia.

File No.—For State Registrar Only

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