

(1) PLACE OF BIRTH

County of Florence
Township of James Road
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
52165

Registration District No. 2006 Registered No. 11
(For use of Local Registrar)

(2) Full Name of Child... Margaret Ethel Lee If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 13 1916
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME M. Lee
(9) PRESENT POSTOFFICE OF FATHER Simmonsville, S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41 (Years)
(12) BIRTHPLACE Florence S.C.
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Lucy Ferrell
(15) PRESENT POSTOFFICE OF MOTHER Simmonsville, S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE Florence S.C.
(19) OCCUPATION Housekeeper
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 12 M.

(23) (Signature) W. E. Hicks
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Simmonsville, S.C.

Given name added from a supplemental report
....., 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by parent)
(27) Filed 3/16, 1916 (28) J. R. Humphrey 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.

Registrar _____ Local Registrar _____

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Deputy