

(1) PLACE OF BIRTH.

County of Lexington
 Township of "

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43563

Inc. Town of Registration District No. 3109 Registered No. 157
 or (For use of Local Registrar)
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Magdalene 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 Nov. 11, 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tom Lee
 (9) PRESENT POSTOFFICE OF FATHER Lexington NC
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Crawfordsburg
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Dwyer
 (15) PRESENT POSTOFFICE OF MOTHER Lexington NC
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 16 (Years)
 (18) BIRTHPLACE Lexington
 (19) OCCUPATION Housewife
 (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 born alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State Registrar Physician or Midwife (25) Address of Physician or Midwife Lexington

Given name added from a supplemental report

6-1-42 191...
MBW, MD.
 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 9, 1923 (28) Mrs. C. E. Jay 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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