

(1) PLACE OF BIRTH *Palmetto*
CERTIFICATE OF BIRTH
 County of *Palmetto* **STATE OF SOUTH CAROLINA**
 Bureau of Vital Statistics
 State Board of Health
 Township of *Palmetto*
 OF
 Inc. Town of
 OF
 City of
 Registration District No. *1502* Registered No. *881*
 (For use of Local Registrar)

File No. — For State Registrar Only
17357

(2) Full Name of Child *William Lee*
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (If child is not yet named, make supplemental report as directed)

3) **BOY OR GIRL** *Boy* (4) **Twin or Triplet** *None* (5) **Number in order of birth** *10* (6) **Are Parents Married** *Yes* (7) **DATE OF BIRTH** *June 29 1928*
 (To be answered only in event of Twin or Triplet) (Year of Month) (Day) (Year)

FATHER.
 8) **FULL NAME** *Lee Belcher*
 9) **PRESENT POSTOFFICE OF FATHER** *Northside*
 10) **COLOR OR RACE** *White* (11) **AGE AT LAST BIRTHDAY** *67*
 (Year)
 12) **BIRTHPLACE** *Palmetto, S.C.*
 13) **OCCUPATION** *Farmer*
 20) **Number of children born to mother, including present birth** *10*

MOTHER.
 14) **NAME BEFORE MARRIAGE** *Maria Lee*
 15) **PRESENT POSTOFFICE OF MOTHER** *Northside S.C.*
 16) **COLOR OR RACE** *White* (17) **AGE AT LAST BIRTHDAY** *37*
 (Year)
 18) **BIRTHPLACE** *Palmetto, S.C.*
 19) **OCCUPATION** *Farmer*
 21) **Number of children of this mother now living, including present birth** *9*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (22) I hereby certify that I attended the birth of this child, who was *born* on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)
 (23) (Signature) *Anna Lee*
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Northside S.C.*

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed) _____
 (27) Filed *July 8 1928* (28) *M. J. McKeen* 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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