

Form No. 1

## (1) PLACE OF BIRTH

County of Berkeley  
 Township of St. Stephens  
 or  
 Inc. Town of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

37371

Registration District No. 705 Registered No. 126  
 (For use of Local Registrar)

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 William Lee (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL B 4) Twin or Triplet? ..... 5) Number in order of birth ..... 6) Are Parents Married? yes 7) DATE OF BIRTH Nov. 20, 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Andrew W. Lee9) PRESENT POSTOFFICE OF FATHER St. Stephens10) COLOR OR RACE Wm (11) AGE AT LAST BIRTHDAY 23 (Years)12) BIRTHPLACE Charleston Co.13) OCCUPATION Lab Work14) Number of children born to mother, including present birth 4

## MOTHER.

14) NAME BEFORE MARRIAGE Edith Croker15) PRESENT POSTOFFICE OF MOTHER St. Stephens16) COLOR OR RACE Wm (17) AGE AT LAST BIRTHDAY 30 (Years)18) BIRTHPLACE St. Stephens19) OCCUPATION House-wife20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 100 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edith Burgess  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Russellville

Given name added from a supplemental report

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

(27) Filed Nov. 25, 1922 (28) W. A. Floyd 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.