

MARGIN RESERVED FOR INDEXING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Calhoun
 Township of Smithtown
 Inc. Town of.....
 City of.....

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

No. 30755

Registration District No. 257 Registered No. 19
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

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

(3) SEX OF CHILD Male (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Twin Markers yes (7) DATE OF BIRTH Oct 19 1903
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Charley Lee
 (9) PRESENT RESIDENCE OF FATHER Houlihan SC
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 49 (Years)
 (12) BIRTHPLACE Calhoun
 (13) OCCUPATION Farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Katie Harrison
 (15) PRESENT RESIDENCE OF MOTHER Houlihan SC
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 33 (Years)
 (18) BIRTHPLACE Houlihan SC
 (19) OCCUPATION Farmer
 (20) Number of children of this mother now living, including present birth 6 Children

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (21) I hereby certify that I attended the birth of this child who was alive at 12 M., on the date above stated. (Hour A. M. or P. M.)
 (22) (Signature) J. L. Childers
 (23) State whether Physician or Midwife Physician

Given name added from a supplemental report
 (24) Witness J. L. Childers
 (Signature of Witness necessary only when question 23 is signed by mark)
 (25) Filed 12/20 1903 (26) J. L. Childers 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.