

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 1  
 Mcaw of Columbia

(1) PLACE OF BIRTH

County of Richland

Township of North

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 380

File No.—For State Registrar Only

3748C

Registered No. 41

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 12 1923 (Month) (Day) (Year)

FATHER

(8) FULL NAME Oliver S. Lee

(9) PRESENT POSTOFFICE OF FATHER Sumter S.C. R-1

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Year)

(12) BIRTHPLACE Lyndon Co

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth one

MOTHER

(14) NAME BEFORE MARRIAGE Lillian Daily

(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C. R-1

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Year)

(18) BIRTHPLACE Lyndon Co

(19) OCCUPATION Farmer

(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:40 M. on the date above stated. (Hour of birth) (M. or P. M.)

(23) (Signature) R. E. Martin

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter S.C.

(26) Name added from a supplemental report

(27) Witness

(Signature of Witness necessary only when question 23 is signed by mother)

(28) Filed Oct 14 23 (29) J. C. Shady 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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