

## (1) PLACE OF BIRTH

County of AndersonTownship of AndersonInc. Town of Pelzer, S.C.

(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. 314No. 2854Registered No. 10  
(For use of Local Registrar)(2) Full Name of Child Sarah Leona Lee If child is not yet named, make supplemental report as directed(3) SEX OR CHILD girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Sex of mother yes (7) DATE OF BIRTH Feb 11 1923  
(Name of Month) (Day) (Year)(8) FULL NAME Will R. Lee FATHER (9) NAME BEFORE MARRIAGE Sallie Smith MOTHER(10) PRESENT POSTOFFICE OF FATHER Pelzer (11) PRESENT POSTOFFICE OF MOTHER Pelzer(12) COLOR OR RACE Negro (13) AGE AT LAST BIRTHDAY 33 (14) COLOR OR RACE Negro (15) AGE AT LAST BIRTHDAY 33  
(Year) (Year)(16) BIRTHPLACE Anderson (17) BIRTHPLACE Anderson(18) OCCUPATION farmer (19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 17 (21) Number of children of this mother now living, including present birth 17

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2:4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) America Williams(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pelzer, S.C.

(Given name added from a supplemental report)

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

(27) Signed Wm. H. Martin (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

(29) Signed Wm. H. Martin (30) Local Registrar

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