

(1) PLACE OF BIRTH

County of

Florence

Township of

or

Inc. Town of

Trimmonville

or

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

Allie Fair Lea

File No.—For State Registrar Only

72808

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 2015 Registered No. 77

(For use of Local Registrar)

(3) SEX OR

GENDER

Boy

(4) Twin

or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in

order of birth

1

(6) Are

marks

included

(7) DATE OF

BIRTH

Aug 17 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL

NAME

George Lea

(9) PRESENT

POSTOFFICE

OF FATHER

Trimmonville

(10) COLOR

OR

RACE

Black

(11) AGE AT LAST

BIRTHDAY

27

(Years)

(12) BIRTHPLACE

Sumter Co

(13) OCCUPATION

Jot Work

(20) Number of children born to

mother, including present birth

6

MOTHER.

(14) NAME BEFORE

MARRIAGE

Ollie Wells

(15) PRESENT

POSTOFFICE

OF MOTHER

Trimmonville

(16) COLOR

OR

RACE

Black

(17) AGE AT LAST

BIRTHDAY

26

(Years)

(18) BIRTHPLACE

Florence, Co

(19) OCCUPATION

House Work

(21) Number of children of this mother

now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at ... on the date above stated.

(23) (Signature)

Hattie L. Smith

(24) State whether Physician or Midwife

Physician or Midwife

Physician or Midwife

Physician or Midwife

Physician or Midwife

Physician or Midwife

Physician or Midwife

Physician or Midwife

Physician or Midwife

Physician or Midwife

Physician or Midwife

Physician or Midwife

Physician or Midwife

Physician or Midwife

Physician or Midwife

Physician or Midwife

(26) Witness

(Signature of Witness necessary only

when question 23 is signed by mark)

(27) Filed

Sept 5 1916

(28) W. C. McCall

Local Registrar

Given name added from a supplemental report

191...

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.

MARGIN RESERVED FOR BINDING. 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 5.

McCaw, of Columbia.