

(1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

File No.—For State Registrar Only

75001

County of York

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of Madison

or  
Inc. Town of

Registration District No. 4401

Registered No. 27  
(For use of Local Registrar)

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

(2) Full Name of Child Henry Smith Lee

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets.</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 18, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME Boyd Lee

(9) PRESENT POSTOFFICE OF FATHER Joplarville 7

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

(12) BIRTHPLACE D.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 5 }

**MOTHER.**

(14) NAME BEFORE MARRIAGE Sally Ledwith

(15) PRESENT POSTOFFICE OF MOTHER Joplarville 7

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE D.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth { 5 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) H. P. Smith  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Green Springs

Given name added from a supplemental report  
....., 191.....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Aug 18, 1916  
(27) Filed Aug 18, 1916 (28) H. P. Smith 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.

MARGIN RESERVED FOR BINDING.

WRITE MAINLY, 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.

McCauley of Columbia.