

## (1) PLACE OF BIRTH

County of YorkTownship of Chinquapi

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 202No. 19837 for Local Registrar OnlyRegistered No. 1  
(For use of Local Registrar)

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

(2) Full Name of Child Emma Lee

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth 10(6) Are Parents Married Yes

(7) DATE OF BIRTH

Jan 21, 1923  
(Month) (Day) (Year)

## FATHER.

(8) FULL NAME Walter Lee(9) PRESENT POSTOFFICE OF FATHER Samarina(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 34  
(Year)(12) BIRTHPLACE Anderson Co S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 10

## MOTHER.

(15) NAME BEFORE MARRIAGE Minnie Lee(16) PRESENT POSTOFFICE OF MOTHER Samarina(17) COLOR OR RACE Black(18) AGE AT LAST BIRTHDAY 31  
(Year)(19) BIRTHPLACE Edgefield Co S.C.(20) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at S.O.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hattie Daley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Samarina

Given name added from a supplemental report

(26) Witness

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

(27) Filed Aug 10, 1923A. R. Holstein  
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.