

MARGIN RESERVED FOR RECORDING. WRITE PLAINLY. WITH UNFOLDING INN—THIS IS A PERMANENT RECORD. IN 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 8

(1) PLACE OF BIRTH

County of Orangeburg
 Township of The Wood
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar Only
4833

Registration District No. 3608 Registered No. 9
 (For use of Local Registrar)

(2) Full Name of Child Wm. Lee Corley (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>110</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 6, 23</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>Wm. Lee Corley</u>		(9) NAME BEFORE MARRIAGE <u>Wm. Lee Johnson</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Neeces R.C.</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Neeces R.C.</u>		
(12) COLOR OR RACE <u>Col</u>	(13) AGE AT LAST BIRTHDAY <u>19</u> (Years)	(14) COLOR OR RACE <u>Col</u>	(15) AGE AT LAST BIRTHDAY <u>17</u> (Years)	
(16) BIRTHPLACE <u>Orangeburg County</u>		(17) BIRTHPLACE <u>Orangeburg Co. S.C.</u>		
(18) OCCUPATION <u>Labourer</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive & stillborn at 6 A.M. on the date above stated. (Hour A. M. or P. M.)
 (23) (Signature) M. Lee Johnson
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
Neeces

(Given name added from a supplemental report)

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

(27) Filed Feb 13, 23 (28) Wm. Lee Johnson 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.