

## (1) PLACE OF BIRTH

County of Sumter  
 Township of McMurrellville  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. for State Registrar Only

30330

Registration District No. 4102Registered No. 80  
(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 Lee Peterson (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 event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 12, 25</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Benjamin Peterson</u>			(14) NAME BEFORE MARRIAGE <u>Rebecca Peterson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Shiloh, SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Shiloh, SC</u>	
(10) COLOR OR RACE <u>Cal</u>			(11) AGE AT LAST BIRTHDAY <u>27</u> (Year)	
(12) BIRTHPLACE <u>SC</u>			(16) COLOR OR RACE <u>Cal</u>	
(13) OCCUPATION <u>Farmer</u>			(17) AGE AT LAST BIRTHDAY <u>25</u> (Year)	
(18) BIRTHPLACE <u>SC</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1 2</u>			(21) Number of children of this mother now living, including present birth <u>1 2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Rita Cochrane

(24) State whether Physician or Midwife

(25) Signature of Physician or Midwife Marye Mays

Given name added from a supplemental report

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

(27) Filed Sept 15, 25 (28) 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.