

(1) PLACE OF BIRTH

County of Macon
Township of Lake

or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
42836

Registration District No. 2009 Registered No. 119
(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 Rollon 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>	(5) Number in order of birth <small>To be numbered only in case of twins or triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 5 1911</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Early Lee</u>	(14) NAME BEFORE MARRIAGE <u>Unie James</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Stevanton St</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Stevanton</u>			
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>54</u> <small>(Year)</small>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Williamsburg Va</u>	(18) BIRTHPLACE <u>Williamsburg Va</u>			
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION			
(20) Number of children born to mother, including present birth	(21) Number of children of this mother new living, including present birth			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 12 M., on the date above stated.
(Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Stevanton Va

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 1911 (28) R. Lee Carter 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.

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Form No. 10. SEVEN IN REPRODUCED FOR BUREAU OF VITAL STATISTICS. WHERE NECESSARY, 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. Macaw of Columbia.