

(1) PLACE OF BIRTH

County of MonroeTownship of Lake

or

Inc. Town of

City of

(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

File No.—For State Registrar Only

42836

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 2009 Registered No. 119
(For use of Local Registrar)(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 5, 1911
(Name of Month) (Day) (Year)5) FULL NAME Early Lee6) PRESENT POSTOFFICE OF FATHER Scranton St.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Williamsburg, Va.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Unnie James(15) PRESENT POSTOFFICE OF MOTHER Scranton(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Williamsburg, Va.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 1

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 Scranton, Va.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by Mark)(27) Filled 1911 (28) [Signature] 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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