

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.

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

File No.—For State Registrar Only
20775

(1) PLACE OF BIRTH
 County of Albermarle
 Township of Millettts
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 49.04 Registered No. 17
 (For use of Local Registrar)

(2) Full Name of Child Robert F. Lee (If child is not yet named, make supplemental report as directed)

(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 July 18, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam. H. Lee
 (9) PRESENT POSTOFFICE OF FATHER Millettts S. C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE South Car
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lavin H. Lee
 (15) PRESENT POSTOFFICE OF MOTHER Millettts S. C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE South Car
 (19) OCCUPATION House Wife
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 P. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Watson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Millettts S. C.

Given name added from a supplemental report
Robert F. Lee
July 25, 1922
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
John Rouse
 (27) Filed July 25, 1922 (28) John Rouse 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.