

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH 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.
RECEIVED at COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Union</u>		STATE OF SOUTH CAROLINA		79540	
Township of <u>Union</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>42-A</u>		Registered No. <u>137</u>	
or				(For use of Local Registrar)	
City of <u>Union</u>		(No. St.; Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Beal Patrick Lee</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triple <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 23 1916</u>	
To be answered only in event of Twins or Triplets					
FATHER			MOTHER		
(8) FULL NAME <u>Asa B. Lee</u>			(14) NAME BEFORE MARRIAGE <u>Loula Love</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Union SP</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Union SP</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) BIRTHPLACE <u>Chester Co SP</u>			(18) BIRTHPLACE <u>Chester Co SP</u>		
(13) OCCUPATION <u>Clerk</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>1:30 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. H. K. K.</u>					
(24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Union SP</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19			(27) Filed <u>Sept 12 1916</u> (28) <u>J. S. Garratt</u> Local Registrar		
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.					