

(1) PLACE OF BIRTH

County of AndersonTownship of Knott

Sec. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 30933

30933

Registration District No. 301Registered No. 79

(For use of Local Health Officer)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Lee If child is not yet named, make supplemental report as directed(3) SEX OR CHILD? girl (4) Type of Triplet? 1 (5) Number in order of birth 1 (6) Are parent married? Yes (7) DATE OF BIRTH Oct. 11 (Name of Month) (Day) (Year)(8) FULL NAME Rhett (9) NAME BEFORE MARRIAGE Nellie Inez Campbell(10) PRESENT RESIDENCE OF FATHER Celton P.C. R#3 (11) PRESENT RESIDENCE OF MOTHER Celton P.C. R#2(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 23 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 20(16) BIRTHPLACE Anderson Co. S.C. (17) BIRTHPLACE Anderson Co. S.C.(18) OCCUPATION Farmer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1 (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 born alive on the date above stated. (Hour A. M. or P. M.) 3:30(23) (Signature) J. D. Smith(24) Address of Physician or Midwife Anderson Co.(25) (Signature) W. H. Campbell(26) Address of Physician or Midwife Anderson Co.(27) (Signature) W. H. Campbell(28) Address of Physician or Midwife Anderson Co.(29) (Signature) W. H. Campbell(30) Address of Physician or Midwife Anderson Co.(31) (Signature) W. H. Campbell(32) Address of Physician or Midwife Anderson Co.(33) (Signature) W. H. Campbell(34) Address of Physician or Midwife Anderson Co.(35) (Signature) W. H. Campbell(36) Address of Physician or Midwife Anderson Co.(37) (Signature) W. H. Campbell(38) Address of Physician or Midwife Anderson Co.