

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, 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.

Section of Columns, Columns 5, 6

(1) PLACE OF BIRTH

County of Lebanon  
Township of Amherst  
or  
Inc. Town of .....  
City of .....

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

File No.—For State Registrar Only

687

Registration District No. 1-2-25 Registered No. 9  
(For use of Local Registrar)

(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 Robert 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> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 18 22</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Robert Lee  
(9) PRESENT POSTOFFICE OF FATHER Amherst  
(10) COLOR OR RACE White  
(11) AGE AT LAST BIRTHDAY 26 (Years)  
(12) BIRTHPLACE Amherst  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Robert Lee  
(15) PRESENT POSTOFFICE OF MOTHER Amherst  
(16) COLOR OR RACE White  
(17) AGE AT LAST BIRTHDAY 26 (Years)  
(18) BIRTHPLACE Amherst  
(19) OCCUPATION Housewife  
(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 at 9 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robert Lee

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Amherst

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by parent)

(27) Filed Dec 1 1922 (28) H. H. Whitehead 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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