

(1) PLACE OF BIRTH

County of LanierTownship of Lanieror
Inc. Town of Lanieror
City of Lanier

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only
15568Registration District No. 29^aRegistered No. 66
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child. Robert Frederick Lee

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH May 9 - 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Bob Lee

(9) PRESENT POSTOFFICE OF FATHER

Lanier

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE

Tenn.

(13) OCCUPATION

Clerk.

MOTHER.

(14) NAME BEFORE MARRIAGE

Grace Owens

(15) PRESENT POSTOFFICE OF MOTHER

Lanier

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 27
(Years)

(18) BIRTHPLACE

Lanier S.C.

(19) OCCUPATION

Homemaker

(20) Number of children born to mother, including present birth

{ 4 }

(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 11:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. W. Allen

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 5/30 191...(28) W. H. Smith
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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