

**(1) PLACE OF BIRTH**

County of Lee  
Township of Turkey Creek  
or  
Inc. Town of .....  
or  
City of .....

# CERTIFICATE OF BIRTH

**STATE OF SOUTH CAROLINA**  
**Bureau of Vital Statistics**  
**State Board of Health**

**File No.—For State Registrar Only**  
**19348**

Registration District No. 3409. Registered No. 29  
(For use of Local Registrar)

City of ..... (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 Odie Peebles

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

3) BOY OR GIRL <i>Boy</i>	4) Twin or Triplet? <input type="checkbox"/>	5) Number in order of birth	6) Are Parents Married? <i>yes</i>	7) DATE OF BIRTH <i>June 15 22</i> (Name of Month) (Day) (Year)
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## FATHER

8) FULL NAME *Lucius Peckee,*  
9) PRESENT POSTOFFICE OF FATHER *Lucknow, S.C.*  
(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *30*  
(Years)  
12) BIRTHPLACE *S.C. W.L.R.*  
13) OCCUPATION *Farming*  
14) Number of children born to mother, including present birth *Seven*

**MOTHER**

(14) NAME BEFORE MARRIAGE *Dasia Miller*

(15) PRESENT POSTOFFICE OF MOTHER *Lucasnew, Sc*

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *30* (Year)

(18) BIRTHPLACE *S. C. N. Ga.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *1* *live*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Harold at 6 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Louise Smith  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lucknow, P.C.

Given name added from a supplement-  
tal report

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

(27) Filed July 18, 1974 (28) 100-104900  
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.