

1) PLACE OF BIRTH

County of York

Township of

City of

or

or

City of York

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only

30842

Registration District No. 4406

Registered No. 68
(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 Bettie Joyce Lee

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

3) SEX OF CHILD Female 4) Type of Triplet No 5) Number in order of birth 1 6) Are Parents Married Yes 7) DATE OF BIRTH Sept 19 28
(Month of Month) (Day) (Year)

FATHER.

MOTHER.

8) FULL NAME Samuel Lee

14) NAME, SEX AND MAR. STATUS Joyce Rogers

9) PRESENT POSTOFFICE OF FATHER York

15) PRESENT POSTOFFICE OF MOTHER York

10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 30

16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 34

12) BIRTHPLACE York

18) BIRTHPLACE Mo. Co.

13) OCCUPATION mechanic

19) OCCUPATION Womans

20) Number of children born to mother, including present birth 2

21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Mark A. M. or S. M.) on the date above stated.

(23) (Signature)

(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 22 is signed by mark)

(27) Filed 10/16-28

(28) A. L. Parker
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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