

(1) PLACE OF BIRTH

County of Berkely Co.
 Township of 1st
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. for this registration
31868

Registration District No. 7.10

Registered No.
 (For use of Local Registrar)

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

(2) Full Name of Child John B. Lee

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

(3) SEX OR AGE 302 (4) Twin or Triplet 1 (5) No. of Children yes (6) DATE OF BIRTH Nov 18 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Calvin B. Lee
 (9) PRESENT RESIDENCE OF FATHER Ridgelyville S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25
 (12) BIRTHPLACE Berkely Co
 (13) OCCUPATION farming
 (14) Number of children born to mother, including present one 4

MOTHER

(14) NAME BEFORE MARRIAGE Estell Sampson
 (15) PRESENT RESIDENCE OF MOTHER Ridgelyville S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23
 (18) BIRTHPLACE Berkely Co
 (19) OCCUPATION House wife
 (20) Number of children of this mother now living, including present one 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Darles Sampson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ridgelyville

Given name added from a supplemental report

(26) Witness Signature of Witness necessary only when question 22 is signed by mark

(27) Filed Nov 29 1923 (28) Mrs. Sampson

When birth is attended by a physician or midwife, then the father, mother, or other person, as the case may be, is a child because of this case, it must not be reported as such. No report is to be made before the first month of birth.