

(1) PLACE OF BIRTH Saluda  
County of #2  
Township of #2

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

File No. — For State Registrar Only

12744

Incl. Town of 390 Registration District No. 33 Registered No. 33  
(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 Jamie Leona 2nd Rep If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 3 16 1922  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME William M. E. Lee

(9) PRESENT POSTOFFICE OF FATHER Ward, S.C.

(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE Saluda Co., S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 5

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lucy Storey

(15) PRESENT POSTOFFICE OF MOTHER Ward, S.C.

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Saluda Co., S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born alive 11:20 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. A. Keener (24) State whether Physician or Midwife (25) Address of Physician or Midwife Ward, S.C.

Given name added from a supplemental report

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

(27) W. M. Crouch (28) J. W. Crouch 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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W. B. — In case of TWIN CHILD, fill in both columns. In case of TRIPLETS, fill in all three columns. In case of QUADRUPLETS, fill in all four columns. In case of other multiple births, fill in as many columns as there are children. In case of stillbirths, fill in the column for stillbirths. In case of deaths, fill in the column for deaths. In case of marriages, fill in the column for marriages. In case of divorces, fill in the column for divorces. In case of remarriages, fill in the column for remarriages. In case of other events, fill in the column for other events.