

Form No. 1

(1) PLACE OF BIRTH

County of Farfield
Township of 3
Inc. Town of Prater
City of Prater

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only
24320

Registration District No. 1204 Registered No. 3
(For use of Local Registrar)

(2) Full Name of Child

Esther Lee

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 French Name? No 7) DATE OF BIRTH Aug 30, 1923
(Name of Month) (Day) (Year)

FATHER
8) FULL NAME Wm. Lee
9) PRESENT POSTOFFICE OF FATHER Prater
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 47 (Year)
12) BIRTHPLACE Prater
13) OCCUPATION Farmer
20) Number of children born to mother, including present birth 2

MOTHER
14) NAME BEFORE MARRIAGE Effie Ball
15) PRESENT POSTOFFICE OF MOTHER Prater
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 38 (Year)
18) BIRTHPLACE Prater
19) OCCUPATION Housewife
21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Wm. Lee (24) State whether Physician or Midwife Physician (25) Address of Phys. or Midwife Prater

Given name added from a supplemental report

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

(27) Filed Aug 30, 1923 (28) Wm. Lee 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.

FIRST-BORN No. 1 THE OTHER No. 2, etc. In question 3