

(1) PLACE OF BIRTH

County of Richmond

Township of

Inc. Town of

City of Columbia

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

(2) Full Name of Child Franklin Lee

File No.—For State Registrar Only

8268

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 384Registered No. 169
(For use of Local Registrar)(3) BOY OR GIRL B.(4) Twin or Triplet Yes(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov. 27 1923

FATHER.

(8) FULL NAME Robert Franklin Lee(9) PRESENT POSTOFFICE OF FATHER Columbia SC(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Washington DC(13) OCCUPATION Septile

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

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Beatrice Bland(15) PRESENT POSTOFFICE OF MOTHER Columbia SC(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Brunswick Co. N.C.(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 3 10 P.(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife 1626 Main St

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Nov. 30, 1923 (28) [Signature] 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.