

## (1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

File No.—For State Registrar Only

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

File No.—For State Registrar Only  
**35152**

County of *Lancaster*Township of *Johns Creek*

Inc. Town of

Registration District No. *2804*Registered No. *188*

(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 *Normie Lee*

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

(3) BOY OR GIRL *girl*

(4) Twin or Triplet?

(5) Number in order of birth *one*(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) *Oct. 10, 1925*

## FATHER.

## MOTHER.

(8) FULL NAME *Lee Clinton*(14) NAME BEFORE MARRIAGE *Arles Pearson*(9) PRESENT POSTOFFICE OF FATHER *Lancaster S.C.*(15) PRESENT POSTOFFICE OF MOTHER *Lancaster*(10) COLOR OR RACE *colored*(11) AGE AT LAST BIRTHDAY *20*

(Years)

(16) COLOR OR RACE *colored*(17) AGE AT LAST BIRTHDAY *17*

(Years)

(12) BIRTHPLACE *S.C.*(18) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*(19) OCCUPATION *Domestic*(20) Number of children born to mother, including present birth *one*(21) Number of children of this mother now living, including present birth *one*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive*, at *1:30* P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Midwife*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Lancaster S.C.*

Given name added from a supplemental report

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

(27) Filed *11-1-1925* (28) *J. H. Henderson* 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.