

(1) PLACE OF BIRTH

County of Lawn
 Township of Cross Hill
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

90582

Registration District No. 2900 Registered No. 99
 (For use of Local Registrar)

(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 Lillie May Leefe 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 (6) Are Parents Married? No (7) DATE OF BIRTH Dec. 16, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hill Brown
 (9) PRESENT POSTOFFICE OF FATHER Cross Hill
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Laborer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Leefe
 (15) PRESENT POSTOFFICE OF MOTHER Cross Hill S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20
 (Years)
 (18) BIRTHPLACE S.C.
 (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 3 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. B. Mills(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Cross Hill

Given name added from a supplemental report

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

(27) Filed Dec. 23rd 1916 (28) M. J. Simpson 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.