

(1) PLACE OF BIRTH

County of Aiken

Township of Greenville

or Town of Greenville

City of

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

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

No. - For State Registrar Only
5643

Registration District No. 2-0 Registered No. 21
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are parents married? Yes (7) DATE OF BIRTH Jan 2 1920
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Elliott W Lee

(14) NAME BEFORE MARRIAGE Bessie Lee Randall

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.

(18) PRESENT POSTOFFICE OF MOTHER Greenville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26
(Year)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
(Year)

(12) BIRTHPLACE Dayfield Co S.C.

(15) BIRTHPLACE France S.C.

(13) OCCUPATION Mill work

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1

(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 alive at 9:20 P.M. on the date above stated. (Born alive or stillborn: (Hour P. M. or P. M.))

(23) (Signature) J. P. Pearson, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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

(27) Filed Jan 7 1920 by J. P. Pearson, M.D. 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.

Registrar

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