

PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Register Only

City of Charleston

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

County of Charleston

487

86

In Town of Registration District No. 9 A Registered No.City of Charleston (No. 22 Godsden (For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(1) Full Name of Child Baby G. Y. Lee (If child is not yet named, make supplemental report as directed)(2) SEX OF CHILD Girl (3) Type of Trunk? Normal (4) Number in order of birth 1 (5) Are Parents Married? Yes (6) DATE OF BIRTH 1 23 1923
(Name of Month) (Day) (Year)

| FATHER. | | MOTHER. | |
|--|--|--|---|
| (8) FULL NAME <u>Quinn G. Lee</u> | (14) NAME BEFORE MARRIAGE <u>Flora White</u> | (9) PRESENT RESIDENCE OF FATHER <u>22 Godsden Charleston, S.C.</u> | (15) PRESENT RESIDENCE OF MOTHER <u>Charleston, S.C.</u> |
| (10) COLOR <u>Negro</u> (11) AGE AT LAST BIRTHDAY <u>38</u> (Year) | (16) COLOR <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>31</u> (Year) | (12) BIRTHPLACE <u>Beaufort, S.C.</u> | (18) BIRTHPLACE <u>Beaufort, S.C.</u> |
| (13) OCCUPATION <u>Laborer</u> | (19) OCCUPATION <u>Housewife</u> | (20) Number of children born to mother, including present birth <u>1...8</u> | (21) Number of children of this mother now living, including present birth <u>1...7</u> |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife

| | |
|---|---|
| Given name added from a supplemental report | (26) Witness (Signature of Witness necessary only when question 22 is signed by mark) |
| 101..... | (27) Filed <u>12.9.1923</u> (28) <u>Miss Lisa</u> (29) 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