

Form No. 1

(1) PLACE OF BIRTH

County of *Clarendon*Township of *Grand*Inc. Town of *Grand*City of *Grand*

(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

File No. — For State Registrar Only

24033

Registration District No. *1304*Registered No. *35*
(For use of Local Registrar)(2) Full Name of Child *Eugene Lee*

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

(3) SEX OR AGE	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Age in months	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
<i>Boy</i>			<i>11</i>	<i>23</i>
FATHER			MOTHER	
(8) FULL NAME <i>James Lee</i>			(14) NAME BEFORE MARRIAGE <i>Sallie Lee</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Remini SC</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Remini SC</i>	
(10) COLOR OR RACE <i>Col</i>	(11) AGE AT LAST BIRTHDAY <i>36</i> (Years)	(12) BIRTHPLACE <i>Clarendon SC</i>	(13) COLOR OR RACE <i>Col</i>	(17) AGE AT LAST BIRTHDAY <i>32</i> (Years)
(13) OCCUPATION <i>Farmer</i>			(16) OCCUPATION <i>House wife</i>	
(20) Number of children born to mother, including present birth <i>9</i>			(21) Number of children of this mother now living, including present birth <i>8</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive or stillborn* (How A. M. or P. M.)
on the date above stated.(23) (Signature) *Eugene Lee*(24) Name of Physician or Midwife *Midwife*(25) Address of Physi- or Midwife *Remini SC*(Given name added from a supplement-
tal report)(26) Witness *Local Registrar*(Signature of Witness necessary only
when question 23 is signed by (23))(27) Filed *Sept 1 1923*

1923

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.