Form No. 1

(1) PLACE OF BIRTH

County of Anderson

Township of Williamston

or

Inc. Town of Belgevue

or

City of ..... (No. ..... St.; ..... Ward)

(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
Bureas of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 2779

Registration District No. 3 D ..... Registered No. 23 .....
(For use of Local Registrar)

(2) Full Name of Child Sarah Virginia Lee (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth 5

(6) Are Parents Married? Yes

(7) DATE OF BIRTH: April (Name of Month) 2 (Day) in 23 (Year)

FATHER.

(8) FULL NAME Charlie Lee

(9) PRESENT POSTOFFICE OF FATHER Pelzer S C

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE A C

(13) OCCUPATION Mill Work

(20) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Amelia Mullinax

(15) PRESENT POSTOFFICE OF MOTHER Pelzer S C

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 39 (Years)

(18) BIRTHPLACE Greenville County

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Dead or alive or stillborn) at 4:45 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W H Drake
(M.D. State whether Physician or Midwife)

(24) Address of Physician or Midwife Pelzer S C

Given name added from a supplemental report

May 16 1923

Registrar of Vital Statistics

*When there was no attending physician or midwife, this certificate should be signed by the father or mother.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

B. B—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.

Bureau of Statistics, Columbia, S. C.