

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 400 Registered No. 74
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 12 (6) Are parents married? Yes (7) DATE OF BIRTH May 9, 1922
(Name of Month) (Day) (Year)

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

FATHER.

(8) FULL NAME John H. May(9) PRESENT POSTOFFICE OF FATHER S. S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43
(Year)(12) BIRTHPLACE S. S. C.(13) OCCUPATION Butcher(14) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Ledia Hutto(15) PRESENT POSTOFFICE OF MOTHER DENMARK, S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39
(Year)(18) BIRTHPLACE DENMARK

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 11:10 a. m. on the date above stated. (23) (Signature) J. H. Hymon
(24) State whether Physician or Midwife (25) Address of Physician or Midwife DENMARK S. C.

Given name added from a supplemental report

(26) WITNESS

(Signature of Witness necessary only when question 25 is signed by mark)

When there was no attending physician or midwife, the father, householder, or other person should make this return if a child breathes even once, or if there is any movement of the child, or if there is any sign of pregnancy.

Local Registrar

(27) Signature of Local Registrar John Coates