

(1) PLACE OF BIRTH

County of Anderson
 Township of Harlem
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3109

Registration District No. 315 Registered No. 2
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

J. L. May

(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 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 18, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. O. May
 (9) PRESENT POSTOFFICE OF FATHER Pendleton Co #1
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)
 (12) BIRTHPLACE Ga.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Louella Ray
 (15) PRESENT POSTOFFICE OF MOTHER Pendleton Co #1
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)
 (18) BIRTHPLACE Ga.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive 9 ..nt. P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Ida Moore
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pendleton Co #1

Given name added from a supplemental report:

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

(27) Filed 3/16 (28) W. L. Casey 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.