

## (1) PLACE OF BIRTH

County of MarionTownship of Liberty

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Eddie May(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 17 1927  
(Name of Month) (Day) (Year)

## MOTHER

(8) FULL NAME Eddie May(9) PRESENT POSTOFFICE OF FATHER Wilmington SC 174(10) COLOR OR RACE Negro(12) BIRTHPLACE SC(13) OCCUPATION Swarm Hand(20) Number of children born to mother, including present birth 12(14) NAME BEFORE MARRIAGE Marion May(15) PRESENT POSTOFFICE OF MOTHER Wilmington SC 174(16) COLOR OR RACE Negro(18) BIRTHPLACE SC(19) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at home (Born at home or in hospital) (Hour A. M. or P. M.)(23) (Signature) Barrett Vanover(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(25) Witness

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

(27) Filed

19 27 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.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

319

Registration District No. 514 Registered No. 3  
(For use of Local Registrar)St. Ward

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

N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

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