

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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 5.
 McCav. of Columbia.

(1) PLACE OF BIRTH
 County of Union
 Township of Union
 or
 Inc. Town of Registration District No. 42-A Registered No. 143
 or
 City of Union (No. 33 7th Ave St.; 4 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
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
79546

(2) Full Name of Child: Alletta Wynette May } If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 26</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Samuel May</u>		(14) NAME BEFORE MARRIAGE <u>Effie Talbot</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Union S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Union S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>79</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Sto Newland Co N.C.</u>		(18) BIRTHPLACE <u>N.C.</u>		
(13) OCCUPATION <u>Mill Oper.</u>		(19) OCCUPATION <u>Mill Oper. & Housework</u>		
(20) Number of children born to mother, including present birth <u>One</u>		(21) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:15 P. M., on the date above stated. (Hour, M. or P.M.)
 (23) (Signature) J. H. Smith
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report 191...
 Registrar
 (26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 30 1916. (28) D. G. Sarratt 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.
 Assistant State Registrar _____ 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.