

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town

or

City of

(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

30131

Registration District No. 29-A

Registered No. 287

(For use of Local Registrar)

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

(2) Full Name of Child Mary Louise Maye

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in family at birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 14 1922

FATHER.

(8) FULL NAME Albert W. Maye

(9) PRESENT POSTOFFICE OF FATHER Florence

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Lexington O.

(13) OCCUPATION Fireman

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Leticia Stevens

(15) PRESENT POSTOFFICE OF MOTHER Florence

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Wilmington NC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature) [Signature]

(24) State whether Physician or Midwife [Signature]

Given name added from a supplemental report

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

(27) Filed 9-16-22 P. H. Bushamond 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.