

(1) PLACE OF BIRTH

County of

Maulboro

Township of

Inc. Town of

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

Kellie Marshall May

File No.—For State Registrar Only

15914

Registered No. 96
(For use of Local Registrar)

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charlie M. M. M.

(9) PRESENT POSTOFFICE OF FATHER

Bennettsville, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

41 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Teacher

MOTHER.

(14) NAME BEFORE MARRIAGE

Nora A. Brody

(15) PRESENT POSTOFFICE OF MOTHER

Bennettsville, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

39 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

4

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 2:40 P.M. on the date above stated.
(Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician

Bennettsville, 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

191

(28)

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.

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