

Form No. 1

(1) PLACE OF BIRTH

County of FranklinTownship of H. 12

Inc. Town of

City of

(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 Charley M. E. May (If child is not yet named, make supplemental report as directed)

(1) BOY OR GIRL <u>Boy</u>	(2) Twin or Triplet <u>No</u>	(3) Mother in last of birth <u>No</u>	(4) DATE OF BIRTH <u>Aug. 18, 1923</u>
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FATHER		MOTHER	
(5) FULL NAME <u>William M. E. May</u>	(14) NAME BEFORE MARRIAGE <u>Lillie Hall</u>	(6) PRESENT POSTOFFICE OF FATHER <u>Aspen</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Aspen</u>

(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>36</u>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>27</u>
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(12) BIRTHPLACE <u>Aspen</u>	(18) BIRTHPLACE <u>Woodwards</u>
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(13) OCCUPATION <u>Hammering</u>	(19) OCCUPATION <u>Domestic</u>
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(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>3</u>
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(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature) <u>Delizetha</u>	(24) State whether Physician or Midwife <u>Midwife</u>	(25) Address of Physician or Midwife <u>Woodward</u>
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(26) Witness (Signature of Witness necessary only when question 23 is signed by male)	(27) Filed <u>Aug. 18, 1923</u>	(28) Local Registrar <u>W. C. ...</u>
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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

24316

Registration District No. 1961 Registered No. 63 (For use of Local Registrar)

Bureau of Columbia, Columbia, S. C.