

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of Antiguaor
Inc. Town of

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 HealthRegistration District No. 4400Registered No. 71
(For use of Local Registrar)(2) Full Name of Child Matthie Bell Mays

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

(3) SEX OF CHILD <u>Child</u>	(4) TYPE OF BIRTH <u>Normal</u>	(5) NUMBER OF CHILDREN <u>1</u>	(6) AGE OF CHILD <u>9</u>	(7) DATE OF BIRTH <u>9-10-23</u>
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FATHER.

(8) FULL NAME James Mays

(9) PRESENT RESIDENCE OF FATHER Rock Hill S.C.

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY 34

(12) BIRTHPLACE York

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Clara Bell

(16) PRESENT RESIDENCE OF MOTHER Rock Hill

(17) COLOR OR RACE negro

(18) AGE AT LAST BIRTHDAY 21

(19) BIRTHPLACE York

(20) OCCUPATION

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julia Barron(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

(26) Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(28) Filed 9/17/24 (29) J. R. Miller 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.