

File No.—For State Registrar Only
4813

City of

Registered No.
(For use of Local Registrar)

(2) Full Name of Child Mattie Burton May (If child is not yet named, make supplemental report as directed)

2) <i>Bill</i>	4) Title <i>no</i>	5) Number in order of birth <i>10</i>	6) Are Parents Married <i>yes</i>	7) DATE OF BIRTH <i>Feb 9 1923</i> (Name of Month) (Day) (Year)
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FATHER.

2) FULL NAME *Allen J. May*

3) PRESENT POSTOFFICE OF FATHER *Poker Co. N.C.*

4) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *49* (Years)

5) BIRTHPLACE *Poker Co. N.C.*

6) OCCUPATION *Farmer*

7) Number of children born to mother, including present birth *10*

MOTHER.

(14) NAME OF MOTHER *Sora Burton*

(15) PRESENT POSTOFFICE OF MOTHER *Porter, N.C. R. 3*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *41* years

(18) BIRTHPLACE *Portg. Co. N.C.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *10*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) _____ (Hour A. M. or P. M.)
on the date above stated.

(20) (Signature) Heaven
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Bellevue

Given name added from a supplement-
al report

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed "X")
(27) Filed Feb 14 23 10:23 (28) H. L. H. L. 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.