

(1) PLACE OF BIRTH

County of Charleston
 Township of 2nd
 or
 Inc. Town of Lake City S.C.
 City of Lake City S.C.
 (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

Registration District No. 2ndRegistered No. 32119
(For use of Local Registrar)(2) Full Name of Child Mary Elizabeth Mayo

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

(3) SEX OF CHILD Girl (4) Twin or triplet — (5) Number in order of birth — (6) Age of mother yes (7) DATE OF BIRTH Sept 26, 1923
 To be answered only in case of Twin or Triplet (Month) (Day) (Year)

FATHER.

(8) FULL NAME R. E. Mayo
 (9) PRESENT POSTOFFICE OF FATHER Lake City S.C.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38
 (12) BIRTHPLACE Riversdale Ga
 (13) OCCUPATION Automobile Dealer

MOTHER.

(14) NAME BEFORE MARRIAGE Jillian Whitley
 (15) PRESENT POSTOFFICE OF MOTHER Lake City S.C.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 31
 (18) BIRTHPLACE Fayetteville Ga.
 (19) OCCUPATION domestic
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at 1400 M., on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)

(22) (Signature) L. C. Hadden (23) Address of Physician or Midwife Lake City S.C.
 (24) State whether Physician or Midwife

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark) R. W. Center
 (26) Filed 10/10 19 23 (27) 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.

before the fifth month of pregnancy