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FILE No.—For State Registrar Only
00302

1. PLACE OF BIRTH

County of Georgetown

Township of

or
Inc. Town of Andrews

City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Registration District No. 2103 Registered No.
(For use of Local Registrar)

(No. St.; Ward)

2. FULL NAME OF CHILD William Stuckey May (If birth occurs in a hospital or other institution, give name of same instead of street and number) { If child is not yet named, make supplemental report as directed.3. Boy or Girl Boy If Plural births { 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature..... Full term. X 7. Are Parents Married? YES 8. Date of birth Jan. 2, 1916 19..... (Month, day, year)9. Full name of FATHER Arthur Austin May 18. Name before marriage MOTHER Eva Stuckey Billingsley10. Residence (mailing address) (If non-resident, give place and State) Andrews 19. Residence (mailing address) (If non-resident, give place and State) Andrews11. Color or race white 20. Color or race white 21. Age at child's birth 31 (years)12. Age at child's birth 46 (years) 22. Birthplace (city or place) (State or country) South Carolina13. Birthplace (city or place) (State or country) South Carolina 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. housewife14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer and merchant 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 25. Date (month and year) last engaged in this work 19..... 26. Total time (years) spent in this work.....

16. Date (month and year) last engaged in this work 19..... 17. Total time (years) spent in this work.....

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... (Before labor..... During labor.....)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was BORN ALIVE at m. on the date above stated.
(Born alive or stillborn){ When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Given name added from
a supplementary report..... (Date of)(Signed)
or Mrs. Eva B. McLaughlin Parent
Address.....
Filed 1-30- 1916 M.B. Woodward, M.D. Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)