

12/17/41
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.)

1. PLACE OF BIRTH

County of Georgetown

Township of _____

or
Inc. Town of Andrews

or
City of _____

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

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

FILE No.—For State Registrar Only
00302

2. FULL NAME OF CHILD William Stuckey May

3. Boy or Girl Boy 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

10. Residence (mailing address)
(If non-resident, give place and State) Andrews

11. Color or race white 12. Age at child's birth 46 (years)

13. Birthplace (city or place)
(State or country) South Carolina

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer and

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. merchant

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

18. Name before marriage MOTHER
Eva Stuckey Billingsley

19. Residence (mailing address)
(If non-resident, give place and State) Andrews

20. Color or race white 21. Age at child's birth 31 (years)

22. 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. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____ 19____

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) _____

Registrar.

(Signed) _____
or Mrs. Eva B. McLaughlin Parent
Sister

Address _____

Filed 1-30- 1942 M.B. Woodward, M.D.
Registrar.