

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

6593

## (1) PLACE OF BIRTH

County of BeaufortTownship of Sheldon

or Inc. Town of .....

or City of .....

Registration District No. .... Registered No. 22

(For use of Local Registrar)

(No. .... St. .... Ward)

(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

(2) Full Name of Child Christana Mary

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 7, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Mays(9) PRESENT POSTOFFICE OF FATHER Yemassee(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39  
(Years)(12) BIRTHPLACE Beaufort Co(13) OCCUPATION Farm work(14) Number of children born to mother, including present birth 10

## MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Evans(15) PRESENT POSTOFFICE OF MOTHER Yemassee(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39  
(Years)(18) BIRTHPLACE Beaufort Co(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 19

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Darius Green

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 19 (28) 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.