

(1) PLACE OF BIRTH

County of Lowndes

Township of

Inc. Town of

City of Newberry (No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19509

Registration District No. 34-2Registered No. 83
(For use of Local Registrar)

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

2) Full Name of Child Agnes Summer Mayes If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or triplet? No (5) Number in order of birth 1
To be answered only in event of Twin or Triplet(6) Are Parents Married Yes (7) DATE OF BIRTH June 23rd 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John B. Mayes(9) PRESENT POSTOFFICE OF FATHER Newberry S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Newberry S.C.(13) OCCUPATION Merchant(14) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Agnes S. Summer(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Newberry S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 11:15 A.M., on the date above stated. (Hour A. M. or P. M.)(22) (Signature) A. R. Mayes(23) State whether Physician or Midwife (24) Address of Physician or Midwife Newberry S.C.

Given name added from a supplemental report

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

(26) File July 5, 1922 (27) S. L. Cunningham 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.

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