

Form No. 1

(1) PLACE OF BIRTH

County

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Register Only

40391

Registration District No. 27-A

Registered No. 77

(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.)

(2) Full Name of Child

Caray, Maurice John

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

(3) SEX Male	(4) Type or Triplet	(5) Number of Births	(6) Age at Birth	(7) DATE OF BIRTH Dec 12 1923 (Name of Month) (Day) (Year)
-----------------	------------------------	-------------------------	---------------------	--

FATHER.		MOTHER.	
(8) FULL NAME Caray, Maurice John	(14) NAME BEFORE MARRIAGE May Wilson	(18) PRESENT RESIDENCE OF FATHER Georgetown S.C.	(18) PRESENT RESIDENCE OF MOTHER Georgetown S.C.
(10) COLOR OF FACE White	(10) COLOR OF FACE White	(16) BIRTHPLACE Georgetown S.C.	(16) BIRTHPLACE Georgetown S.C.
(12) BIRTHPLACE Georgetown S.C.	(12) BIRTHPLACE Georgetown S.C.	(18) AGE AT LAST BIRTHDAY 38	(18) AGE AT LAST BIRTHDAY 38
(14) OCCUPATION Farmer	(14) OCCUPATION Farmer	(20) Number of children born to mother, including present birth 5	(20) Number of children of the mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ...
on the date above stated.

(23) (Signature)

(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 22 is signed by nurse)

(27) Filed

Dec 12 1923

(28)

Mrs. P. J. Y. Y. Y.

When there was no attending physician or midwife, then the father, householder, or other person, if a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.