

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Spartanburg  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

19248

Registration District No. 4008 Registered No. 163  
 (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 Walter Dwight May If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 25, 1923  
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>John H. May</u>	(14) NAME BEFORE MARRIAGE <u>Maud L. Stein</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Spartanburg, S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg, S.C.</u>
(9) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u>	(10) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>32</u>
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(15) OCCUPATION <u>Foreman Standard Iron works</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to father, including present birth <u>8</u>	(21) Number of children of this mother now living, including present birth <u>7</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. May

(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 June 29, 1923(28) Mrs. C. F. Lister 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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