

WRITE PLACING, WITH UNREADING END—THIS IS A PREPARATION FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 6.

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of .....  
 OR  
 Inc. Town of .....  
 OR  
 City of Charleston  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
29208  
 Registered No. 1335  
 (For use of Local Registrar)

Registration District No. 9A St.; ..... Ward)  
 (No. 54 South)

(2) Full Name of Child Maya Mayers

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 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 2 1922  
 (Name of Month) (Day) (Year)  
 To be answered only in event of Twins or Triplets

**FATHER.**

(8) FULL NAME Robert T. Mayers  
 (9) PRESENT POSTOFFICE OF FATHER 54 South St  
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 34 (Year)  
 (12) BIRTHPLACE Charleston S.C.  
 (13) OCCUPATION Paper Hanger

**MOTHER.**

(14) NAME BEFORE MARRIAGE Bertha Hughes  
 (15) PRESENT POSTOFFICE OF MOTHER 54 South St  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 25 (Year)  
 (18) BIRTHPLACE Charleston S.C.  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Minnie E. ...  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife 55 Beathon St

Given name added from a supplemental report  
L. A. Riser M.D.  
9/15/23  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 9/15/23 Mercer

\*When there was no attending physician or midwife, then the father, householder, etc., should make a return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.