

Form No. 1

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
17944County of Charles M.Township of McClaurie

or

Inc. Town of McClaurie

or

City of McClaurieRegistration District No. 906Registered No. 46  
(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 May on Hastings M.

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

3 SEX OR  
GIRL girl4) Twin  
or Triplet?5) Number in  
order of birth 56) Are  
Parents  
Married? yes

(7) DATE OF

BIRTH Jan 27, 22  
(Month) (Day) (Year)

## FATHER.

8 FULL  
NAME Mollie Hastings9 PRESENT  
POSTOFFICE  
OF FATHER McClaurie10 COLOR  
OR  
RACE white(11) AGE AT LAST  
BIRTHDAY 34  
(Years)12 BIRTHPLACE Charles, SC13 OCCUPATION Day Laborer20 Number of children born to  
mother, including present birth 5

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Julia Day M.(15) PRESENT  
POSTOFFICE  
OF MOTHER McClaurie(16) COLOR  
OR  
RACE white(17) AGE AT LAST  
BIRTHDAY 30  
(Years)(18) BIRTHPLACE Charles M Co(19) OCCUPATION Day Laborer(21) Number of children of this mother  
now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mollie Hastings(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife McClaurieGiven name added from a supplement-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed July 1, 22

(28)

Geo E. Buchanan  
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.

TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, NO. 1 THE OTHER, NO. 2, etc. in question 5

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.