

(1) PLACE OF BIRTH

County of SumnerTownship of Myo

or

Inc. Town of

City of

(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

43334

Registration District No. 2908 Registered No. 82

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy (4) Twin or triplet? Yes (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 12, 1922

FATHER.

MOTHER.

(8) FULL NAME James William May (14) NAME BEFORE MARRIAGE Malinda Renty(9) PRESENT POSTOFFICE OF FATHER Fountain Inn (15) PRESENT POSTOFFICE OF MOTHER Fountain Inn(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34(12) BIRTHPLACE Hudson N.C. (18) BIRTHPLACE Florence Co(13) OCCUPATION Farmer (19) OCCUPATION House wife(20) Number of children born to mother, including present birth 4 (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 born alive at Fountain Inn on the date above stated. (M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Woodbury

Given name added from a supplemental report

(26) Witness [Signature]

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

(27) Filed 191 (28) 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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