

(1) PLACE OF BIRTH

County of Lin
 Township of Lynchburg
 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

21722

Registration District No. 10.2.2 Registered No. 92
 (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 Bell Carr

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 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 26, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Carr
 (9) PRESENT POSTOFFICE OF FATHER Weyersville S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28
 (Year) (12) BIRTHPLACE Lin Co. S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Green English
 (15) PRESENT POSTOFFICE OF MOTHER Weyersville S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
 (Year) (18) BIRTHPLACE Lin Co. S.C.
 (19) OCCUPATION House work

(20) Number of children born to mother, including present birth 1

(21) Number of children of this 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 born alive at 11 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Mary Benson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Weyersville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Date 7/31/23 (28) J. F. Martin Local Registrar

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths. Report the month of pregnancy.