

(1) PLACE OF BIRTH

County of DeFriesTownship of DeFries

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

Registration District No. 2-BRegistered No. 28

(For use of Local Registrar)

(2) Full Name of Child Buster May

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

(3) BOY OR GIRL M(4) Type or Figure 1(5) Number in order of birth 1(6) SEX M(7) DATE OF BIRTH 4-26-28

(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME E. M. May(9) PRESENT POSTOFFICE OF FATHER Hamlet S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 26(12) BIRTHPLACE SC(13) OCCUPATION Telephone Operator(14) Number of children born to mother, including present birth 2

MOTHER.

(15) FULL NAME Burnie Tucker(16) PRESENT POSTOFFICE OF MOTHER Hamlet S.C.(17) COLOR OR RACE W(18) AGE AT LAST BIRTHDAY 30(19) BIRTHPLACE SC(20) OCCUPATION Housewife(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 at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)(23) (Signature) S. B. Marshall

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Hamlet S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 2 1928(28) Local Registrar. W. R. Marshall

*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.

AGENTS

Given name added from a supplemental report