

Form No. 1

## (1) PLACE OF BIRTH

County of Barnwell  
 Township of Blackville  
 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  
40577

Registration District No. 5.0.7 Registered No. 1.2.5  
 (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 May {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 14, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charles May  
 (9) PRESENT POSTOFFICE OF FATHER Blackville  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23  
 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Leavie Brooks  
 (15) PRESENT POSTOFFICE OF MOTHER Blackville  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22  
 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION   
 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lilla May(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 

Given name added from a supplemental report

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

19  
 Registrar

(27) Filed Jan. 10, 1923 (28) Ch. H. L. Harrison  
 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.

THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.