

Form No. 1

(1) PLACE OF BIRTH

County of BarnwellTownship of Blackvilleor
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

48123

Registration District No. 504 Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child Mazel May

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

(3) SEX OR
GIRL? Girl(4) TWIN
or TRIPLET?(5) Number in
order of birth(6) Are No
Parents
Married?(7) DATE OF Feb 17 1916
BIRTH
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEIncog.(9) PRESENT
POSTOFFICE
OF FATHER?(10) COLOR
OR
RACE?(11) AGE AT LAST
BIRTHDAY

(Years)

(12) BIRTHPLACE

?

(13) OCCUPATION

?(20) Number of children born to
mother, including present birthOne

MOTHER.

(14) NAME BEFORE
MARRIAGEOpie May(15) PRESENT
POSTOFFICE
OF MOTHERBlackville, S.C. R.F.D.(16) COLOR
OR
RACEColored(17) AGE AT LAST
BIRTHDAY

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farm help(21) Number of children of this mother
now living, including present birthOne

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 P. M.,
on the date above stated. (Born alive or stillborn) (Hour 12 or P. M.)

(23) (Signature)

(24) State whether Physician or MidwifeMidwifeBlackville, S.C. R.F.D.Given name added from a supplement-
tal report

191....

Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed March 5 1916(28) C. S. Hammond
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.

WRITE PLAINLY, WITH UNFADING INK.—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 2.
City of Columbia