

FORM NO. 2
 McCaw, of Columbia.
 M.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 WRITING PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 MARRIAGE RECORDS SHOULD BE KEPT IN A SEPARATE BOOK.

(1) PLACE OF BIRTH

County of Sumter

Township of

or
 Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

50567

Registration District No. 4102

Registered No. 22
 (For use of Local Registrar)

(2) Full Name of Child Mary Elizabeth May

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

(3) NOT OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 11 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert James May

(9) PRESENT POSTOFFICE OF FATHER Waynesville S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37
 (Years)

(12) BIRTHPLACE Waynesville S.C.

(13) OCCUPATION Merchant Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Janie Rhodes

(15) PRESENT POSTOFFICE OF MOTHER Waynesville S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
 (Years)

(18) BIRTHPLACE Waynesville S.C.

(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. King, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

und Waynesville S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Mar 10 1916 (28) W. G. Jones
 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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