

MARGIN RESERVED FOR BINDING.

SPRING, FAIRLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

Mothers of Columbia.

Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

CERTIFICATE OF BIRTH

Office of the Registrar

Division of Vital Statistics

Charleston, South Carolina

FILE NO. 56235

56235

(1) PLACE OF BIRTH

County of Guinea

Township of Bellevue

OF

Inc. Town of Charleston

OF

City of Charleston

(To birth certificate is assigned for each child, and mark the

(2) Full Name of Child Isaac May

(3) BOY OR GIRL? Girl

(4) Date of Birth April 2

(5) Year of Birth 1924

(6) Sex Female

(7) Color or Race White

(8) Birthplace S. C.

(9) Occupation Housewife

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

(11) Number of children at the mother now living, including present birth 4

(12) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(13) Signature Isaac May

(14) Address of the mother at the time of birth Charleston, S. C.

(15) Address of the mother at the time of registration Charleston, S. C.

(16) Signature of the mother Isaac May

(17) Signature of the father Isaac May

(18) Signature of the registrar Isaac May

(19) Signature of the witness Isaac May

(20) Signature of the witness Isaac May

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