

Form No. 3.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Richland
 Township of #3
 or
 Inc. Town of
 or
 City of Columbia
 (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

16465

Registration District No. 38 Registered No. 1379
 (For use of Local Registrar)

(2) Full Name of Child

Margaret May (No. 2216 Hickory St.; Ward)
 (If child is not yet named, make supplemental report as directed)

(3) ~~BOY~~ GIRL? (4) Twin or triplet? (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 6 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME William R. Newman
 (9) PRESENT POSTOFFICE OF FATHER Columbia SC R #3
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Fairfield Co
 (13) OCCUPATION Machine Hand
 (20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Leila Mattox
 (15) PRESENT POSTOFFICE OF MOTHER Columbia SC R #3
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Fairfield Co
 (19) OCCUPATION Domestic
 (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 at M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mellie Gibson Columbia
 (24) State whether Physician or 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)

(27) Filed 5/26/1922 (28) 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.