

## (1) PLACE OF BIRTH

County of MarionTownship of Blair

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

William Edward McMay

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH Oct 17 1923  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME McMay William  
 (9) PRESENT POSTOFFICE OF FATHER Wilmington N.C.  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23 (Year)  
 (12) BIRTHPLACE Marion County N.C.  
 (13) OCCUPATION Farmer

MOTHER.  
 (14) NAME BEFORE MARRIAGE Lizzie Shealy  
 (15) PRESENT POSTOFFICE OF MOTHER Wilmington N.C.  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Year)  
 (18) BIRTHPLACE Marion County N.C.  
 (19) OCCUPATION Housework

(20) Number of children born to mother, including present birth 3 (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 3300 M., on the date above stated. (Born alive or stillborn) (Hour & first P. M.)

(23) (Signature) W. E. McMay

(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 12/28/23 (28) W. E. McMay 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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