

(1) PLACE OF BIRTH

County of ChristianaTownship of Summervilleor
City of Summervilleor
(No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

10909

No 22-17A-22

Registered No.

(For use of Local Registrar)

Registration District No. 17A

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

(2) Full Name of Child Summerville W. May Jr.

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

(3) SEX GOLD <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 20, 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(1) FULL NAME <u>Summerville W. May Jr.</u>	(14) NAME BEFORE MARRIAGE <u>Birth E. Adams</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Summerville SC</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Summerville SC</u>
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(18) BIRTHPLACE <u>Summerville SC</u>	(19) BIRTHPLACE <u>Summerville SC</u>
(20) OCCUPATION <u>Doctor (Hosp.)</u>	(21) OCCUPATION <u>House wife</u>	(22) Number of children born to now, including present birth <u>Three</u>	(23) Number of children of this mother now living, including present birth <u>Three</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(25) (Signature) Charles S. Carpenter

(26) State whether Physician or Midwife

(27) Address of Physician or Midwife
Physician Summerville SC

Name same added from a supplemental report

(28) Witness

(Signature of Witness necessary only when question 23 is signed "no" mark)

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Registrar

(29) Filed April 17, 1923(30) Ed. L. Landon Local Registrar

If 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.