CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only 40676

Registration District No. 4600 Registered No. 135
(For use of Local Registrar)

(1) PLACE OF BIRTH
County of Allendale
Township of 11
or
Inc. Town of
or
City of 11 (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Amy Priester Maya (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: Girl
(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Dec 20, 1922 (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME: Willie Maya
(9) PRESENT POSTOFFICE OF FATHER: Allendale SC
(10) COLOR OR RACE: Negro (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE: SC
(13) OCCUPATION: Works in Peanut Factory
(20) Number of children born to mother, including present birth: 3

MOTHER.
(14) NAME BEFORE MARRIAGE: Jane Priester
(15) PRESENT POSTOFFICE OF MOTHER: Allendale SC
(16) COLOR OR RACE: Negro (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE: SC
(19) OCCUPATION: Laundry work
(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 (Born alive or stillborn) at 6 P. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Georgianna Gready
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Allendale SC

Given name added from a supplemental report .....
..... 19 .... Registrar

(26) Witness F. H. Boyd
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 23 1922 (28) F. H. Boyd MD 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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WHITE PLAINLY, 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.

Form 5-6

McCAW OF COLUMBIA, COLUMBIA, S. C.