

(1) PLACE OF BIRTH

County of OrangeTownship of Orange

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17337

Registration District No. 204Registered No. 405
(For use of Local Registrar)

(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

May Helms

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

(3) BOY OR GIRL? Y(4) Twin or Triplet? 1(5) Number in order of birth 1(6) Are Parents Married? Y

(7) DATE OF BIRTH

June 3, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Dent H. H. H.

(9) PRESENT POSTOFFICE OF FATHER

none

(10) COLOR OR RACE

Neg

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Dent H. H. H.

(13) OCCUPATION

Dent H. H. H.

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

13

MOTHER.

(14) NAME BEFORE MARRIAGE

Alice Helms

(15) PRESENT POSTOFFICE OF MOTHER

Granville

(16) COLOR OR RACE

Neg

(17) AGE AT LAST BIRTHDAY

(Years)

23

(18) BIRTHPLACE

La

(19) OCCUPATION

none

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... alive ... at ... 11 A.M. ...
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Savannah H. H.

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Granville

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

June 10, 1922

Local Registrar

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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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