

(1) PLACE OF BIRTH

County of

Florence

Township of

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

David M. Mays

File No. For State Registrar Only

76962

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *20-A*Registered No. *214*

(For use of Local Registrar)

(No. *322 S. Dager* St. *Ward*)

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

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Aug 24 1916*
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Arnold M. Mays* (14) NAME BEFORE MARRIAGE *Lucile Jeffords*(9) PRESENT POSTOFFICE OF FATHER *Scranton S.* (15) PRESENT POSTOFFICE OF MOTHER *Scranton S.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *31* (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *25*
(Years) (Years)(12) BIRTHPLACE *Sc* (18) BIRTHPLACE *Sc*(13) OCCUPATION *Physician* (19) OCCUPATION *Housewife*(20) Number of children born to mother, including present birth *1* (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 *7 P* on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) *J. H. M. Seal MD* (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Florence, S.C.*

Given name added from a supplemental report

(26) Witness *M. T. Mays*
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Sept 13 1916* (28) *M. T. Mays*
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.

MARGIN RES. FOR BINDING.

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.

Cav. of Columbia