

Form No. 1

(1) PLACE OF BIRTH

County of Cherokee
 Township of Cherokee
 or
 Inc. Town of.....
 or
 City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

23512

Registration District No. 3617 Registered No. 75

(For use of Local Registrar)

(No. 3617 St.; 75 Ward)(2) Full Name of Child Harmon May (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 15, 1922
 (Name of Month (Day) (Year))

FATHER.

(8) FULL NAME Lebbie May
 (9) PRESENT POSTOFFICE OF FATHER Marion SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Edna Johnson
 (15) PRESENT POSTOFFICE OF MOTHER Marion SC
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housewife
 (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 born at 7 P.M., on the date above stated. (Born (alive or stillborn) (Hour A. M. or P. M.))(23) (Signature) Lebbie May (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Marion SC

Given name added from a supplemental report

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

(27) Filed June 14, 1922 (28) Lebbie May 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.

WRITE 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.

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