

(1) PLACE OF BIRTH

County of Spokane
 Township of W. Brown
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only
22685

Registration District No. 4110 Registered No. 45
 (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 Martin Maxwell Jr If child is not yet named, make supplemental report as directed

3 SEX OR B (4) Twin or Triplet L (5) Number in order of birth L (6) Are Parents Married yes (7) DATE OF BIRTH July 1 1923
 To be answered only in event of Twin or Triplet (Month of Month (Day) (Year)

FATHER.
 8 FULL NAME Martin Maxwell
 9 PRESENT POSTOFFICE OF FATHER Maou SE R2
 10 COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 41 (Year)
 12 BIRTHPLACE SE
 13 OCCUPATION Farming
 14 Number of children born to mother, including present birth 12

MOTHER.
 14 NAME BEFORE MARRIAGE Ethel Holcombe
 15 PRESENT POSTOFFICE OF MOTHER Maou SE R2
 16 COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 35 (Year)
 18 BIRTHPLACE SE
 19 OCCUPATION Domestic
 20 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. H. McCall
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife W. H. McCall

Given name added from a supplemental report

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

(27) Filed July 15 1923 (28) J. H. McCall 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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