

(1) PLACE OF BIRTH

County of LaurensTownship of F. L. L. L.Inc. Town of Laurens

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

22802

Registration District No. 2803Registered No. 47
(For use of Local Registrar)

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

(2) Full Name of Child John Maxwell If child is not yet named, make supplemental report as directed(3) DATE OF BIRTH Jan. 26, 1911
(4) SEX Male (5) AGE AT LAST BIRTHDAY 10 (6) COLOR White (7) AGE AT LAST BIRTHDAY 10FATHER.
(1) NAME Joseph Maxwell
(2) PRESENT POSTOFFICE Laurens
(3) COLOR White (4) AGE AT LAST BIRTHDAY 40
(5) BIRTHPLACE Laurens, S.C.
(6) OCCUPATION Farmer
(7) Number of children born to mother, each giving present birth 7MOTHER.
(1) NAME BEFORE MARRIAGE Martha Maxwell
(2) PRESENT POSTOFFICE Laurens
(3) COLOR White (4) AGE AT LAST BIRTHDAY 35
(5) BIRTHPLACE Laurens, S.C.
(6) OCCUPATION Domestic
(7) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Laurens on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. R. Nelson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician

Given name added from a supplemental report

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

(27) Filed Jan 26, 1911 (28) Local Registrar T. C. Nelson

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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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.