

(1) PLACE OF BIRTH

County of Lancaster
Township of Bradford

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
4333Inc. Town of Registration District No. 2800 Registered No. 9
(For use of Local Registrar)
City of (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 Maxwell D. H. H. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH 1 21 1913
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. C. Funderburg(9) PRESENT HOME OFFICE Lancaster, S.C.(10) AGE AT LAST BIRTHDAY 5 (Years)(11) BIRTHPLACE S.C.(12) OCCUPATION Physician(13) Number of children born to father including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Burns(15) PRESENT POSTOFFICE OF MOTHER Lancaster, S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22 I hereby certify that I attended the birth of this child, who was born at 2 4 M. on the date above stated. (Hour of birth or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. C. Funderburg, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician, Lancaster, S.C.

(Given name added from a supplemental report)

(26) Witnesses (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date March 9, 1913 (28) A. M. Huns 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 be reported as stillborn. No report is desired of stillbirths before the 3rd month of pregnancy.