

(1) PLACE OF BIRTH *Hay - Sec 7-1-2 #1847*

County of Wayne

Township of .....

or  
Inc. Town of Peak

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

Registration District No. S.4.11

File No. — For State Registrar Only

31465

Registered No. 18  
(For use of Local Registrar)

(2) Full Name of Child Max Henry Sternenberg

(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  
To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Sept. 6, 1922  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Max Henry Sternenberg

(9) PRESENT POSTOFFICE OF FATHER Peak

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 26  
(Years)

(12) BIRTHPLACE Texas

(13) OCCUPATION Telephone Operator

(20) Number of children born to mother, including present birth 7

**MOTHER.**

(14) NAME BEFORE MARRIAGE Ira Turner

(15) PRESENT POSTOFFICE OF MOTHER Peak

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 24  
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Asst. M.D.

(21) Number of children of this mother now living, including present birth 2

**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 2:38 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) C. D. Pinner M.D.

(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 Sept. 28, 1922 (28) G. H. Shady 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.