

Form No. 1

(1) PLACE OF BIRTH

County of Williamsburg
 Township of Pem
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32677

Registration District No. 4308 Registered No. 91
 (For use of Local Registrar)

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

(2) Full Name of Child Woodroe Maxwell

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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 13th 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Cutest Maxwell(9) PRESENT POSTOFFICE OF FATHER Lanes - S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26
 (Years)(12) BIRTHPLACE Williamsburg Co., S.C.(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Anna Bradshaw(15) PRESENT POSTOFFICE OF MOTHER Lanes - S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26
 (Years)(18) BIRTHPLACE Williamsburg Co., S.C.(19) OCCUPATION Farm laborer(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 alive at 11a-m.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary White

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Lanes - S.C.

Given name added from a supplemental report

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

(27) Filed Sept 18th 22 (28) AK Mosley
 Registrar 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.

MARGIN RESERVED FOR BINDING.
 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.

McGraw-Hill, Columbia, S. C.