

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

City of Charleston

(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 HealthNo. 3195Registration District No. 9 A Registered No. 281  
(For use of Local Registrar)(2) Full Name of Child Mary Maxwell

If child is not yet named, make supplemental report as directed

(a) SEX OR CHILD <u>Girl</u>	(b) Type or Triplet	(c) Number in order of birth	(d) Age at birth	(e) DATE OF BIRTH <u>Feb 28 1913</u>
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FATHER.

(1) FULL NAME Alphonso Maxwell

(2) PRESENT RESIDENCE OF FATHER Charleston SC

(3) COLOR Colored (11) AGE AT LAST BIRTHDAY 24 (Years)

(4) BIRTHPLACE Charleston SC

(5) OCCUPATION Brick mason

(6) Number of children born to mother, including present birth 11

MOTHER.

(1) NAME BEFORE MARRIAGE Helen Lewis

(2) PRESENT RESIDENCE OF MOTHER Charleston SC

(3) COLOR Colored (11) AGE AT LAST BIRTHDAY 34 (Years)

(4) BIRTHPLACE Charleston SC

(5) OCCUPATION house work

(6) Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(12) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) (13) at 12 A.M. on the date above stated. (14) A. M. or P. M.)(15) (Signature) Minnie Hebron

(16) State whether Physician or Midwife (17) Address of Physician or Midwife

Given name added from a supplemental report

(18) Witness (Signature of Witness necessary only when question 12 is signed by mark)

(19) Filed 7/13 (20) J. Minnie Hebron Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.