

(1) PLACE OF BIRTH

County of DarlingtonTownship of Lynchor
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

3915

Registration District No. 1576 Registered No. 6
(For use of Local Registrar)(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 Edmund L. Maxwell If child is not yet named, make supplemental report as directed1. BOY OR GIRL Boy 4. Twin or Triplet? No 5. Number in order of birth 4 6. Are Parents Married? Yes 7. DATE OF BIRTH Feb. 21, 1922
(Name of Month) (Day) (Year)FATHER. MOTHER.
8. FULL NAME Willie Maxwell 14. NAME BEFORE MARRIAGE Helen Scott
9. PRESENT POSTOFFICE OF FATHER Lamar S.C. #1 15. PRESENT POSTOFFICE OF MOTHER Lamar S.C.
10. COLOR OR RACE Col. 11. AGE AT LAST BIRTHDAY 25 16. COLOR OR RACE Col. 17. AGE AT LAST BIRTHDAY 24
(Year) (Year)
12. BIRTHPLACE Darlington Co. 18. BIRTHPLACE Darlington Co.
13. OCCUPATION Farming 19. OCCUPATION Housewife
20. Number of children born to father, including present birth 4 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 alive at 7 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rebecca Scott (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wichway

Given name added from a supplemental report

(26) Witness R. M. Jones (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 22, 1922 (28) R. M. Jones 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.