

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.
 McCaw, McCaw of Columbia

(1) PLACE OF BIRTH
 County of Florence
 Township of Florence
 or
 Inc. Town of Florence
 or
 City of Florence (No. 222 S. Main St.; 4 Ward)
 (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

File No.—For State Registrar Only
46181

(2) Full Name of Child Mary Maynard Maxwell | If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 27th 1916</u> (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME <u>W. J. Maxwell</u> (9) PRESENT POSTOFFICE OF FATHER <u>Florence SC</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>35</u> (Years) (12) BIRTHPLACE <u>Florence SC</u> (13) OCCUPATION <u>Merchant & Com. Traveller</u>		MOTHER. (14) NAME BEFORE MARRIAGE <u>Jessie Lupton Nutter</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Florence SC</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>32</u> (Years) (18) BIRTHPLACE <u>Florence SC</u> (19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>5th</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) B. G. Brady M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Florence SC

Given name added from a supplemental report _____ 191_____
 _____ Registrar
 (26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jul 17 1916 (28) E. C. Gatt M.D. 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.
 _____ 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.