

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.

(1) PLACE OF BIRTH

County of Flouren
Township of Flouren
or
Inc. Town of Flouren
or
City of Flouren
(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

Registration District No. 20-A Registered No. 24
(For use of Local Registrar)
(No. 222 S. Main Street St.; 4 Ward)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Mary Maryann 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>May 28th</u> 191 <u>6</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>W. J. Maxwell</u>			(14) NAME BEFORE MARRIAGE <u>Joan Linton Nutter</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Flouren SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Flouren SC</u>	
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)			(16) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE <u>Flouren SC</u>			(18) BIRTHPLACE <u>Flouren SC</u>	
(13) OCCUPATION <u>Merchant & Com. Traveller</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. Gregg M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Flouren 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 May 13 1916 (28) E. C. Galt 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.

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