

31643

County of Anderson  
Township of Pennington  
or  
Inc. Town of.....

State Board of Health  
Registration District No. 316 Registered No. 118  
(For use of Local Registrar)

inc. Town of.....St.: ..... Ward:  
or  
City of ..... (No. ....) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
..... If child is not yet named, make  
.....

(2) Full Name of Child

(2) <b>Day on which</b> <i>Bay</i>	(4) <b>Tide or Tides</b> to be measured only in case of Tides or Tides	(5) <b>Number in order of birth</b>	(6) <b>Sex</b> <b>Color</b> <b>Markings</b>	<b>BIRTH</b> (Date of Birth) <i>1952</i> <i>1953</i> <i>1954</i>	<b>REMARKS</b>
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FATHER.

Full Name: Arch Maxwell

2) PRESENT POSSESSION OF FATHER Pendhitar, S. 6.

(10) COLOR *pol.* (11) AGE AT LAST BIRTHDAY *27*  
 SEX *M* (12) *1950*

Waltham, S.C.

Mechanics

(2) Number of children born to mother, including present time

(10) NAME BEFORE MARRIAGE Ella Webb

36. **REPORT OF MOTHER** Pineblaton, L.B.

(7) COLOR *Red* (7) *Red* .....

THE BIRTHPLACE Pendleton, D. C.

(TS 0000011000) Domestic

(7) Number of children of this mother now living, including present birth Four

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
 on the date above stated. (Name of physician or midwife) (Hour A. M. or P. M.)  
*Emma Stone*

(20) (Signature) <u>[Signature]</u>	(21) Address of Physician or Manufacturer <u>[Address]</u>
(22) State whether Physician or Manufacturer <u>Midwife</u>	(23) Address of Manufacturer or Supplier <u>[Address]</u>

Given name added from a supplementary report

(20) Witness ..... (Signature of witness necessary only when question is signed by Mark)

FILED Dec 18 1963 2.3 (AM) N.Y. 100-100000-100000

\*When there was no attending physician or midwife, then the father, householder, etc. must report as stillborn. No report is desired of children if a child breathes even once, it must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.