

(1) PLACE OF BIRTH

**CERTIFICATE OF BIRTH**

County of Cherokee  
 Township of Morgan  
 or  
 Inc. Town of .....  
 or  
 City of .....

STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

71926

Registration District No. .... Registered No. 43  
 (For use of Local Registrar)

(2) Full Name of Child Jalmadge Scott Maynor (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL Boy (4) Twin or Triplet? ..... (5) Number in order of birth 6 (6) Are Parents Married? yes (7) DATE BIRTH Aug. 14, 1916  
To be answered only in event of Twins or Triplets When child is not yet named, make supplemental report as directed  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Paul Maynor  
 (9) PRESENT POSTOFFICE OF FATHER Cowpens S.C. R.F.D. 2  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE South Carolina  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth { ..... 6 .....

MOTHER.

(14) NAME BEFORE MARRIAGE Nora Stopper  
 (15) PRESENT POSTOFFICE OF MOTHER Cowpens S.C. R.F.D. 2  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)  
 (18) BIRTHPLACE South Carolina  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth { ..... 6 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:48 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. T. Seaton, M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cowpens S.C.

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 Aug. 24, 1916 (28) J. Gardner Local Registrar.

\*When there was no attending physician or midwife, then the father, household, 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.

MARGIN RESERVED FOR BINDING.  
 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, of Columbia.