

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.

(1) PLACE OF BIRTH

County of Greenville  
 Township of Chester Spys.  
 or  
 Inc. Town of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72933

Registration District No. 2204 Registered No. 77  
 (For use of Local Registrar)  
 City of ..... (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 Maxwell W. James If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>-</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>8 31 1916</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME Erwin Morris

(9) PRESENT POSTOFFICE OF FATHER Greer SC

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 1

**MOTHER.**

(14) NAME BEFORE MARRIAGE Berta Clark

(15) PRESENT POSTOFFICE OF MOTHER Greer SC

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Domestic

(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 born at 930 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greer 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 9/9 1916 (28) F. G. James 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.