Form No 1

FORM NO. 1.

(1) PLACE OF BIRTH Dean hall

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
84473

County of Berkeley
Township of 2 St James
or
Inc. Town of ..... Registration District No. 701 Registered No. 60
(For use of Local Registrar)
or
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 James Maxwell { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy				Nov. 26 1916 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Charley Maxwell	(14) NAME BEFORE MARRIAGE Lizzie Maxwell
(9) PRESENT POSTOFFICE OF FATHER mount holly	(15) PRESENT POSTOFFICE OF MOTHER Mt holly
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Rail Road	(18) BIRTHPLACE Dean hall S C
(13) OCCUPATION	(19) OCCUPATION farmer
(20) Number of children born to mother, including present birth { first	(21) Number of children of this mother now living, including present birth { .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) A. A. Single tom

(24) State whether Physician or Midwife: midwife

(25) Address of Physician or Midwife: mt holly 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 Nov 30 1916 (28) E. L. Jackson 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.

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