

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

City of *Greenville*

(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

4123

Registration District No. *73a*Registered No. *70*

(For use of Local Registrar)

(No. *135* *Chlor* St.; Ward)(2) Full Name of Child *Maria Leona Saxon*

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? <i>No</i> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>2/27</i> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Jno. Lincoln Saxon*(9) PRESENT POSTOFFICE OF FATHER *Greenville S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *29* (Years)(12) BIRTHPLACE *Griffin, Ga.*(13) OCCUPATION *White operator*(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Bora Belle Smith*(15) PRESENT POSTOFFICE OF MOTHER *Greenville S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *30* (Years)(18) BIRTHPLACE *Anderson Co. S.C.*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *P. M.* on the date above stated. (Born alive or stillborn (Hour) P. M. or A. M.)(23) (Signature) *Ruth Saxon*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Greenville S.C.*

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Mar 10 23* (28) Local Registrar *W. A. Williams*

*When there was no attending physician or midwife, then the father, householder, etc., should make his 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.

MAKING SEPARATE RECORDS. WITH SEPARATE RECORDS. THIS IS A PERMANENT RECORD. 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 8.