

(1) PLACE OF BIRTH

County of GooseTownship of WagnerInc. Town of Williams S.C.

City of

(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

No. 10.—For State Register Only

809

Registration District No. 1410Registered No. P

(For use of Local Registrar)

(2) Full Name of Child Louis Irene Maynard

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

(3) SEX OF CHILD <u>girl</u>	(4) Twin or Triplet To be secured only in case of Twin or Triplet	(5) Number in order of birth <u>6</u>	(6) Are Parent Married <u>yes</u>	(7) DATE OF BIRTH <u>Jan 14 1923</u>
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FATHER.

(9) FULL NAME William Wescott Maynard(10) PRESENT POSTOFFICE OF FATHER Williams S.C.(11) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32(12) BIRTHPLACE Williams S.C.(13) OCCUPATION Lumberman(14) Number of children born to mother, including present birth 16

MOTHER.

(14) NAME BEFORE MARRIAGE Lola Irene Breeland(15) PRESENT POSTOFFICE OF MOTHER Williams A.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32(18) BIRTHPLACE Williams S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at B.P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) E. J. Thompson

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Williams S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed Feb 8 1923 (27) Mattie Husey 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.

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