

(1) PLACE OF BIRTH

County of AndersonTownship of NorthInc. Town of
or
orCity of (No. St.; Ward)
(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

52542

Registration District No. 2400 Registered No. 37

(For use of Local Registrar)

(2) Full Name of Child Max Elie Polak { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth 1
To be answered only in case of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 19
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lewis Brant(9) PRESENT POSTOFFICE OF FATHER Varnesville(10) COLOR OR RACE Calora (11) AGE AT LAST BIRTHDAY (Years)(12) BIRTHPLACE Idaho(13) OCCUPATION Steam mill(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Kate Edwards(15) PRESENT POSTOFFICE OF MOTHER Varnesville(16) COLOR OR RACE Calora (17) AGE AT LAST BIRTHDAY (Years) 19(18) BIRTHPLACE Harde Hall(19) OCCUPATION Farming(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 10 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. L. Linn

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Mrs. M. L. Linn

Given name added from a supplemental report

, 191...

Registrar

(26) Witness W. M. Linn
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 20 1916 (28) Mrs. W. O. Vincent
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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