

(1) PLACE OF BIRTH

County of Bamberg
 Township of Fishersburg
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3143

Registration District No. 402Registered No. 10
(For use of Local Registrar)

(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 Bellis Nescent Maxey

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 16, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lonnie Nescent Maxey(9) PRESENT POSTOFFICE OF FATHER Smocks S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Calleton Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Leila May Johnson(15) PRESENT POSTOFFICE OF MOTHER Smocks S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Calleton Co.(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 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Doct. Black Midwife(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Smocks S.C.

Given name added from a supplemental report.

(26) Witness Wm. H. Carter
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 3/28, 1922 (28) J. C. Smith 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.

MADE BY STATE BOARD OF HEALTH, 1917. REPRODUCED BY STATE BOARD OF HEALTH, 1922. THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR BY THE FATHER, HOUSEHOLDER, ETC., AT THE TIME OF THE BIRTH OF A CHILD. IT IS TO BE FILED IN THE OFFICE OF THE REGISTRAR, WHO IS TO BE KEPT ADVISED OF THE BIRTH OF EVERY CHILD BORN IN THE STATE. THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR BY THE FATHER, HOUSEHOLDER, ETC., AT THE TIME OF THE BIRTH OF A CHILD. IT IS TO BE FILED IN THE OFFICE OF THE REGISTRAR, WHO IS TO BE KEPT ADVISED OF THE BIRTH OF EVERY CHILD BORN IN THE STATE.