

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.

(1) PLACE OF BIRTH
County of Spartanburg
Township of Greenville
OR
Inc. Town of
OR
City 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

23953

Registration District No. 4010 Registered No. 3
(For use of Local Registrar)(2) Full Name of Child Max James If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL B (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH April 23, 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Palmer Steadman</u>	(14) NAME BEFORE MARRIAGE <u>May Tolleson</u>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>More</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>More</u>	(18) BIRTHPLACE <u>Spartanburg Co</u>	(19) OCCUPATION <u>House work</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 AM., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. Tolleson
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Rockwell St

Given name added from a supplemental report
Bob Steadman
J. W. Hatchett 19 22 Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug 8 19 22 (28) J. W. Hatchett 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.

MARTIN D. WOODWARD, M.D.