CERTIFICATE OF BIRTH

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

File — For State Registrar Only
11368 138

(1) PLACE OF BIRTH

County of Greenville
Township of Gleenville
OF
Inc. Town of .....
OR
City of Greenville, S.C.
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1-2-073
Registered No. .....
(For use of Local Registrar)

(No. ..... St. ..... Ward)

(2) Full Name of Child Martha Maxwell
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	19.. (Year)
Girl		2	Yes	June	27	11

FATHER.		MOTHER.	
(8) FULL NAME	J. H. Maxwell	(14) NAME BEFORE MARRIAGE	Martha Camille Webb
(9) PRESENT POSTOFFICE OF FATHER	Greenville, S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Greenville S.C.
(10) COLOR OR RACE	White	(11) AGE AT LAST BIRTHDAY (Years)	35
(16) COLOR OR RACE	White	(17) AGE AT LAST BIRTHDAY (Years)	30
(12) BIRTHPLACE	Cairo Ga	(18) BIRTHPLACE	Pivott Ga
(13) OCCUPATION	Mechanic	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	2	(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 alive at 10.30 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. Haskell Gravelle M.D.
(24) State whether Physician or Midwife Min
(25) Address of Physician or Midwife Greenville S.C.

Given name added from supplemental report .....
..... 19..
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 2 1927 F.R.G.
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.

Bureau of Columbia, Columbia, S.C. — FORM NO. 1. THE OTHER No. 2, etc. in question 5. (IF MORE THAN ONE CHILD) and mark this