

(1) PLACE OF BIRTH

County of Anderson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No. for State Registrar Only
19757

Township of

or

Inc. Town of

or

City of Anderson

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 315Registered No. 242

For use of Local Registrar

(2) Full Name of Child Mary L. Maulder If child is not yet named, make supplemental report as directed

(1) SEX OR ONLY?	(4) Twin or triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>July 28 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>I. H. Maulder</u>			(14) NAME BEFORE MARRIAGE <u>Edna M. Mikes</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Anderson</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY (Years)			(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE <u>Ga</u>			(18) BIRTHPLACE <u>Ga</u>	
(13) OCCUPATION <u>Mill Chet</u>			(19) OCCUPATION <u>House Wk</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Maulder

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Aug 15 1923

(28) ANDERSON, S. 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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