

Form No. 3

(1) PLACE OF BIRTH

County of Marion S.C.Township of Marionor
Inc. Town of Sellersor
(City of _____)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 3204 Registered No. 184

FILE NO. For State Registrar Only

21821

(For use of Local Registrar)

(2) Full Name of Child Jesse Maxwell

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

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Month in order of birth July (6) Are Parents Married? Yes (7) DATE OF BIRTH (Name of Month) (Day) (Year) July 4 1923

FATHER

(8) FULL NAME Jesse Maxwell (14) NAME BEFORE MARRIAGE Lillie Abner(9) PRESENT POSTOFFICE OF FATHER Sellers S.C. (15) PRESENT POSTOFFICE OF MOTHER Sellers S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20(12) BIRTHPLACE Williamsburg S.C. (18) BIRTHPLACE Marion Co. S.C.(13) OCCUPATION Sawmill Laborer (19) OCCUPATION house wife(20) Number of children born to mother, including present birth: one (21) Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5:00 A.M. on the date above stated. (If born alive or stillborn) (Hour) (A.M. or P.M.)(23) (Signature) Center (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sellers S.C.

Given name added from a supplemental report

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

(27) Filed July 10 1923 (28) Carrie A. Bess 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 28th month of pregnancy.