

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

10791

County of *Auderson*
Municipality of *Bushy Creek*

or
Town of
or

Registration District No. *302* Registered No. *52*
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child *Odell Kenneth Maulsby*
(If child is not yet named, make supplemental report as directed)

BOY OR
GIRL

(4) Twin
or Triplet?

(5) Number in
order of birth
(to be assigned only in case of twins or triplets)

(6) Are
Parents
Married? *Yes*

(7) DATE
BIRTH *June 2 1928*
(Name of Month) (Day) (Year)

FATHER

FULL
NAME

Jas H. Maulsby

PRESENT
POSTOFFICE
OF FATHER

Piedmont R#3

COLOR
OR
RACE

White

(8) AGE AT LAST
BIRTHDAY

27
(Years)

BIRTHPLACE

Greenville S.C.

OCCUPATION

Farmer

Number of children born to
mother, including present birth

three

MOTHER

(14) NAME BEFORE
MARRIAGE

Maggie Griffin

(15) PRESENT
POSTOFFICE
OF MOTHER

Piedmont R#2

(16) COLOR
OR
RACE

White

(17) AGE AT LAST
BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Buncombe Co N.C.

(19) OCCUPATION

House Keeper

(21) Number of children of this mother
now living, including present birth

three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

J. D. Rasmussen M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Wassler St.

Name added from a supplement-
tal report

(26) Witness

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

(27) Filed

July 14 1928

(28)

J. R. Wain
Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If
child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the
fifth month of pregnancy.

REGISTRAR

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.