

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 8.

McCabe of Columbia, Columbia, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of North  
Township of .....  
OF  
Inc. Town of Walter  
OF  
City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4190

Registration District No. 25A Registered No. 11  
(For use of Local Registrar)

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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 7, 1925  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Madison  
(9) PRESENT POSTOFFICE OF FATHER Walter  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)  
(12) BIRTHPLACE North Carolina  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Georgia Oliver  
(15) PRESENT POSTOFFICE OF MOTHER Walter  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)  
(18) BIRTHPLACE North Carolina  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) George Madison  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Walter

Given name added from a supplemental report

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

(27) Filed 7 July 1925 (28) 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.