

(1) PLACE OF BIRTH

County of LaurensTownship of Youngor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 2908

File No. — For State Registrar Only

90679

Registered No. 113

(For use of Local Registrar)

St. Ward)

(2) Full Name of Child

Pauline Madden

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

(3) SEX CR

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE BIRTH

Dec. 2, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lewis Madden

(9) PRESENT POSTOFFICE OF FATHER

Gooding St.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

33

(Years)

(12) BIRTHPLACE

Laurens Co.

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Ela Young

(15) PRESENT POSTOFFICE OF MOTHER

Gooding St.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

Laurens Co.

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 a. m. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

H. H. Harris

(24) State whether Physician or Midwife

Address of Physician or Midwife

Midwife
4 Harris Lewis Madden

Given name added from a supplemental report

, 191...

Registrar

(26) Witness

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

(27) Filed

1/10

191...

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(28)

H. H. Harris

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.