

(1) PLACE OF BIRTH

County of Anderson

Township of "

or  
Inc. Town of "

or  
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

File No. — For State Registrar Only

71201

Registration District No. 3A Registered No. 301  
(For use of Local Registrar)

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Aug. 23 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Tom Sloan Madley

(9) PRESENT POSTOFFICE OF FATHER Anderson

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE K.C.

(13) OCCUPATION Railroad

(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Cuba Talbott

(15) PRESENT POSTOFFICE OF MOTHER Anderson

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE K.C.

(19) OCCUPATION Cook

(21) 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 9:21 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 191... (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.

Local Registrar

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