

(1) PLACE OF BIRTH

County of *Durham*Township of *Holly Hill*Inc. Town of *Holly Hill*City of *Holly Hill*

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

(2) Full Name of Child *Joseph M. Ladden*

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

3) BOY OR GIRL <i>Boy</i>	4) Twin or Triplet <i>No</i>	5) Number in order of birth <i>1</i>	6) Are Parents Married <i>Yes</i>	7) DATE OF BIRTH <i>Feb 7 23</i> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <i>Joe M. Ladden</i>			14) NAME BEFORE MARRIAGE <i>Lanuah Fogle</i>	
9) PRESENT POSTOFFICE OF FATHER <i>Holly Hill S.C.</i>			15) PRESENT POSTOFFICE OF MOTHER <i>Holly Hill S.C.</i>	
10) COLOR OR RACE <i>Negro</i>	11) AGE AT LAST BIRTHDAY <i>24</i> (Years)	16) COLOR OR RACE <i>Negro</i>	17) AGE AT LAST BIRTHDAY <i>21</i> (Years)	
12) BIRTHPLACE <i>S.C.</i>		18) BIRTHPLACE <i>S.C.</i>		
13) OCCUPATION <i>Farm Hand</i>		19) OCCUPATION <i>Farm Hand</i>		
20) Number of children born to mother, including present birth <i>2</i>		21) Number of children of this mother now living, including present birth <i>2</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *4:30 P.M.* on the date above stated. (Born alive or stillborn: (Hour A. M. or P. M.))(23) (Signature) *Virginia L. Ladden*(24) State whether Physician or Midwife *Midwife*(25) (Signature) *Virginia L. Ladden*(26) State whether Physician or Midwife *Midwife*

Given name added from a supplemental report

(27) Witness *M. L. Ladden*

(Signature of Witness necessary only when question 22 is signed by mark)

(28) Filed *Feb 8, 1923*

(29)

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.