

Form No. 1.

(1) PLACE OF BIRTH

County of Seneca

Township of Seneca

City of Seneca

or

(if birth occurs in a hospital or other institution, give name, street and number.)

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

15288

Registration District No. 3104

Registered No. 72

(For use of Local Registrar)

(2) Full Name of Child

Madral Elizabeth McDonald

and is not yet named, make supplemental report as directed

BOY OR GIRL Girl

(4) Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parent Married? Yes

(7) DATE OF BIRTH 3/20/03  
(Name of Month (Day) (Year))

FATHER.

(1) FULL NAME

Landon McDonald

(2) PRESENT POSTOFFICE OF FATHER

Seneca S.C.

(3) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 33  
(Years)

(12) BIRTHPLACE

Anderson Co S.C.

(13) OCCUPATION

Farmer

(14) Number of children born to mother including present birth 2

(14) NAME BEFORE MARRIAGE

Edgar Kennedy

(15) PRESENT POSTOFFICE OF MOTHER

Seneca S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 72  
(Years)

(18) BIRTHPLACE

Anderson Co S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 1:15 (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Landon McDonald

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

When name added from a supplemental report

(26) Witness

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

(27) Filed

Mar 23

(28)

Local Registrar

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.