

(1) PLACE OF BIRTH

County of Pickens  
Township of Liberty  
of  
Inc. Town of .....  
or  
City of Liberty

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

No. for this Register **18840**

Registration District No. 3705 Registered No. 68  
(For use of Local Registrar)  
(No. .... St. .... Ward)

(2) Full Name of Child JAMES HAROLD MADDEN  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>boy</u>	4) Type of Twins <u>To be answered only in event of Twins or Triplets</u>	5) Number in order of birth	6) Are Parents Married <u>Yes</u>	7) DATE OF BIRTH <u>June 9, 1923</u> (Month) (Day) (Year)
PATHER.			MOTHER.	
8) FULL NAME <u>Henry Madden</u>	14) NAME BEFORE MARRIAGE <u>Lila Caroline Smith</u>			
9) PRESENT POSTOFFICE OF FATHER <u>Liberty S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Liberty S.C.</u>			
10) COLOR OR RACE <u>white</u>	11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	16) COLOR OR RACE <u>white</u>	17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	
12) BIRTHPLACE <u>Hart Co. Ga.</u>		18) BIRTHPLACE <u>Pickens Co. S.C.</u>		
13) OCCUPATION <u>Textile</u>		19) OCCUPATION <u>Domestic</u>		
20) Number of children born to mother, including present birth <u>1</u>		21) Number of children of this mother now living, including present birth <u>1</u>		

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. on the date above stated.  
(Born alive or Stillborn. (Hour, M., or P. M.))

(23) (Signature) W. A. Sheldon M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Liberty, S.C.

(Given name added from a supplemental report)

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

(27) Filed July 8, 1923 (28) John T. Rags  
Registrar Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc. should make this report. 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.

USE THIS FORM FOR TRIPLETS OR QUINUPLETS OR SEPARATE BLANK FORM FOR EACH CHILD. USE FORM NO. 2 FOR FIRST-BORN, NO. 3 FOR OTHER. NO. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.