

THIS IS A PRELIMINARY RECORD.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
REGAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

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

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child Jack Thomas Maddox

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 22 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Silas Newton Maddox
(9) PRESENT POSTOFFICE OF FATHER Liberty S C
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY... 24 .. (Years)
(12) BIRTHPLACE Pickens Co S C
(13) OCCUPATION Mechanic

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Marie Thomas
(15) PRESENT POSTOFFICE OF MOTHER Liberty S C
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY... 18 .. (Years)
(18) BIRTHPLACE Pickens Co S C
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Sheldon (24) State whether Physician or Midwife Physician (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 Oct 7 1922 (28) John T. Bishop Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.

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