

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MEANS OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Laurens
Township of Doak
or
Inc. Town of
or
City of (No. St.; Ward)
(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
15603

Registration District No. 2901 Registered No. 572
(For use of Local Registrar)

(2) Full Name of Child Willie May Louise Madock (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? Yes (7) DATE OF BIRTH May 18, 22
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Cabell Standard</u>	(14) NAME BEFORE MARRIAGE <u>Ella Dorrah</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Quincy S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Quincy S.C.</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>Spartanburg Co.</u>	(18) BIRTHPLACE <u>Spartanburg S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Male at 7 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife (24) State whether Physician or Midwife (25) Address of Physician or Midwife Quincy 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 June 9, 22 (28) W. C. Mahon 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.

For State Registrar Only

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ed, make directed

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P.M.

or P.M.

Midwife

C.

Star

Star