

## (1) PLACE OF BIRTH

County of Beaufort

Township of .....

or  
Inc. Town of .....or  
City of Beaufort

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

(2) Full Name of Child William James Maddox

File No. — For State Registrar Only

41011

(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 Dec 13, 22  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME John Frank Maddox(9) PRESENT POSTOFFICE OF FATHER Beaufort SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Alston Texas(13) OCCUPATION Clerk(20) Number of children born to mother, including present birth two

## MOTHER

(14) NAME BEFORE MARRIAGE Miss Frances Barwick(15) PRESENT POSTOFFICE OF MOTHER Beaufort SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Charleston SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Beaufort on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. T. R. R. R.(24) State of the Physician or Midwife (25) Address of Physician or Midwife Beaufort SC

Given name added from a supplemental report

101

Registrar

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

(27) Filed Dec 17, 22 (28) W. T. R. R. R. 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.

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