

Form No. 3

(1) PLACE OF BIRTH

County of Laurens

Township of

or
Inc. Town ofor
City of Laurens

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

(2) Full Name of Child

Martha Madden

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 14, 1922
(Name of Month) (Day) (Year)

(8) FULL NAME

Jess Madden

(9) PRESENT POSTOFFICE OF FATHER

Laurens SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

25
(Years)

(12) BIRTHPLACE

Laurens SC

(13) OCCUPATION

Street laborer

(20) Number of children born to mother, including present birth

1 3

MOTHER.

(14) NAME BEFORE MARRIAGE

Sola Smith

(15) PRESENT POSTOFFICE OF MOTHER

Laurens SC

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Laurens SC

(19) OCCUPATION

Housework

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

1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Laura Blakely

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Laurens SC

Given name added from a supplemental report

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(26) Witness

C. Kennedy
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Sept 21, 1922

(28)

C. Kennedy
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.

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.

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