

FIRST-BORN NO. 1. THE OTHER, NO. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of .....

or  
City of Columbia

(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

16454

Registration District No. 380 Registered No. 1267

(For use of Local Registrar)

(No. 2414 Park St.; ..... Ward)

(2) Full Name of Child Marion Fishburne Madden (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 7</u> 19 <u>22</u> (Name of Month) (Day) (Year)
---------------------------------	---	------------------------------	--	---

FATHER.

(8) FULL NAME C. Buford Madden

(9) PRESENT POSTOFFICE OF FATHER Columbia, S. C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE

Columbia, S. C.

(13) OCCUPATION

Shipping Clerk.

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Lee Green.

(15) PRESENT POSTOFFICE OF MOTHER Columbia, S. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE

Columbia, S. C.

(19) OCCUPATION

Housewife.

(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 12:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James S. Fouché, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

M. D. 1434 Main St.,

Given name added from a supplemental report

(26) Witness

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

19 Registrar

(27) Filed 5/22/22 (28) 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.

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.

REC'D BY COLUMBIA, COLUMBIA, S. C.

REC'D