

Form No. 1

## (1) PLACE OF BIRTH

County of Marlboro  
 Township of Red Bluff  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**43777**

Registration District No. 330 Registered No. 156  
 (For use of Local Registrar)

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

(3) SO or GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age 22 (7) DATE OF BIRTH Dec 9 22  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Elmore Madkin  
 (9) PRESENT POSTOFFICE OF FATHER Tatum SC  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22  
 (12) BIRTHPLACE Marlboro Co SC  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Rda Larkin  
 (15) PRESENT POSTOFFICE OF MOTHER Tatum SC  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21  
 (18) BIRTHPLACE Marlboro Co SC  
 (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 Born alive at 4 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Menneryn  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Tatum SC

Given name added from a supplemental report

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

(27) Filed Dec 23 22 (28) J. H. Menneryn 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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.

MOBAY OF COLUMBIA, COLUMBIA, S. C.