

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

(1) PLACE OF BIRTH

County of Caldwell  
Township of Verden  
of  
Inc. Town of Hallsville  
of  
City of .....

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

File No.—For State Registrar Only  
**3535**

Registration District No. 14.0.9. Registered No. 1.19  
(For use of Local Registrar)

(2) Full Name of Child Madeline Senior

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

(1) SEX OR CHILD <u>girl</u>	(2) Type or Triplet To be answered only in case of Twins or Triplets	(3) Number in order of birth	(4) Are Parents Married <u>yes</u>	(5) DATE OF BIRTH <u>Feb 9th 23</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER.</b>	
(6) FULL NAME <u>John Senior</u>			(14) NAME BEFORE MARRIAGE <u>Agnes Mitchell</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Hallsville SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hallsville SC</u>	
(16) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Col</u>		
(12) BIRTHPLACE <u>SC</u>		(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)		
(13) OCCUPATION <u>Public Work</u>		(18) BIRTHPLACE <u>SC</u>		
		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M., on the date above stated. (Hour M. or P. M.)

(23) (Signature) Midwife  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife Hallsville

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Feb 9th 1923 at Lawrenceburg, Tenn. 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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