

Form No. 1

(1) PLACE OF BIRTH

County

Township of

or

Inc. Town of

or

City of

*Dillon*  
*Heinrich*  
or  
Inc. Town of  
or  
City of

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

Registration District No.

*1603*

File No.—For State Registrar Only  
**42097**

Registered No. *190*  
(For use of Local Registrar)

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

(2) Full Name of Child

*Ruth Mady*

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

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married *Yes* (7) DATE OF BIRTH *Dec 29 1917*  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME *Charles Mady*  
(9) PRESENT POSTOFFICE OF FATHER *Lake View S.C.*  
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *34*  
(12) BIRTHPLACE *Dillon County*  
(13) OCCUPATION *Farmer*  
(20) Number of children born to mother, including present birth *1*

**MOTHER.**  
(14) NAME BEFORE MARRIAGE *Mary Harrison*  
(15) PRESENT POSTOFFICE OF MOTHER *Lake View S.C.*  
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *36*  
(18) BIRTHPLACE *Dillon County*  
(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 *Born alive* at *7 P.M.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) *Dennis Page*  
(24) State whether Physician or Midwife *Midwife* Address of Physician or Midwife *Lake View S.C.*

Given name added from a supplemental report

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

(27) Filed *12-30* 19 *17* (28) Local Registrar *Dennis Page*

\*When there was no attending physician or midwife, then the father, householder, etc., should make report if a child breathes even once, it must not be reported as stillborn. No report is deemed sufficient before the fifth month of pregnancy.

N. B.—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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.