

(1) PLACE OF BIRTH

County of FranklinTownship of 11.13Inc. 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

48671

Registration District No. 1709 Registered No. 6
(For use of Local Registrar)City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Luanita Madson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 6, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Willie Gadsden(9) PRESENT POSTOFFICE OF FATHER Rockman S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Franklin Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza Wise(15) PRESENT POSTOFFICE OF MOTHER Rockman S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Franklin Co. S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. E. Fridy(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rockman S.C.

Given name added from a supplemental report

(26) Witness W. E. Fridy
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 7, 1916 (28) E. G. Fridy
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.