

Form No 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Marion STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
46299

Township of
or
Inc. Town of Marionville (Registration District No. 22 A Registered No. 33
or
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 Madeline If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? — (5) Number in order of birth 1st (6) Are Parents Married? Y (7) DATE OF BIRTH Jan 26 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME J. C. Madeline

MOTHER.
(14) NAME BEFORE MARRIAGE Essie Mae Wood

(9) PRESENT POSTOFFICE OF FATHER Marionville

(15) PRESENT POSTOFFICE OF MOTHER Marionville

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Ohio

(18) BIRTHPLACE Peabody Co

(13) OCCUPATION housekeeper

(19) OCCUPATION —

(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 alive at 10:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Madeline

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

Given name added from a supplemental report 191...
..... Registrar

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

(27) Filed Feb 10 1916. (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.