

Form No 1.

RTIFICATE OF B

fe, social, legal, or economic, in
the greatest value, not only to
er birth certificates but good bur

As evidence in the administrat
nt of insurance and pensions;
As evidence to prove the irreg
der legal age for crime and min
er matters in the criminal code;
As evidence in the enforcement
tion and to child labor;
As evidence to determine the m
d wards;
As proof of citizenship in o
As evidence in the claim for
ght to jury and military service.

parent. For a woman whose only
in answer to Question 24. For
iate terms, as *housekeeper*—pri

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n.
pyee," "worker," "operative," etc.

"store," "factory," "mill," etc. S
c.

descriptive titles, as *civil engineer*
a more precise statement of occ
enter, painter, machinist, etc. D
ould be called a *salesman* and not

(1) PLACE OF BIRTH

County of *Monroe*

Township of

Inc. Town of *Monroe*

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

46299

Registration District No. *22* A Registered No. *33*

(For use of Local Registrar)

(2) Full Name of Child *Madeline*

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

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>—</i> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Y</i>	(7) DATE OF BIRTH <i>Jan 26</i> <small>(Name of Month) (Day) (Year)</small>
(8) FATHER. (9) FULL NAME <i>C. C. Madison</i> (10) PRESENT POSTOFFICE OF FATHER <i>Monroe</i> (11) COLOR OR RACE <i>white</i> (12) BIRTHPLACE <i>Ohio</i> (13) OCCUPATION <i>Business</i> (14) Number of children born to mother, including present birth <i>1</i>			(MOTHER. (14) NAME BEFORE MARRIAGE <i>Esni Mae Heath</i> (15) PRESENT POSTOFFICE OF MOTHER <i>Monroe</i> (16) COLOR OR RACE <i>white</i> (17) BIRTHPLACE <i>Peaches</i> (18) OCCUPATION <i>—</i> (19) Number of children of this mother now living, including present birth <i>1</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *1:30 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. A. Madison*

(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 2* 191*6*. (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.