

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

PLACE OF BIRTH

City of Savannah
 Township of Dial
 or
 Town of
 or
 of (No. St. Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

7589

Registration District No. 2901 Registered No. 24
 (For use of Local Registrar)

(1) Full Name of Child Lizzie Bess Madden If child is not yet named, make supplemental report as directed

(2) SEX OF CHILD Girl (3) Twin or Triplet No (4) Number in order of birth 1 (5) Are Parents Married? Yes (6) DATE OF BIRTH Jan 7 1923
 To be answered only in event of Twin or Triplet

FATHER
 (7) FULL NAME John Madden
 (8) PRESENT POSTOFFICE OF FATHER Cummings S.C.
 (9) COLOR OR RACE Black (10) AGE AT LAST BIRTHDAY 37
 (11) BIRTHPLACE Savannah
 (12) OCCUPATION Farmer
 (13) Number of children born to mother, including present birth 12

MOTHER
 (14) NAME BEFORE MARRIAGE Mattie Hood
 (15) PRESENT POSTOFFICE OF MOTHER Cummings S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 34
 (18) BIRTHPLACE Ware Shoals S.C.
 (19) OCCUPATION House work
 (20) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 6 A. M., on the date above stated. (Born alive or stillborn: (Hour A. M. or P. M.))

(22) (Signature) Judie Jackson
 (23) Address of Physician or Midwife Cummings S.C.

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

19 Registrar

(24) Filed Apr 8 1923 (25) W.C. Mahan Local Registrar