

Form No. 1

## (1) PLACE OF BIRTH

County of *Astoria*Township of *Schultz*

Inc. Town of .....

City of .....

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

(2) Full Name of Child *Leroy Madison*No. *3412*

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *713*Registered No. *49*  
(For use of Local Registrar)(3) SEX OR  
CHILD *Boy*(4) Twin  
or Triplet  
To be answered only in event of Twin or Triplet(5) Number in  
order of birth(6) Age  
Months *Yes*(7) DATE OF  
BIRTH *Nov 24, 23*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME *Louis Madison*(9) PRESENT  
POSTOFFICE  
OF FATHER *Augusta Ga Rb*(10) COLOR  
OR  
RACE *Black*(11) AGE AT LAST  
BIRTHDAY *50*  
(Years)(12) BIRTHPLACE *SC*(13) OCCUPATION *Farming*(14) Number of children born to  
mother, including present birth *17*

## MOTHER.

(14) NAME BEFORE  
MARRIAGE *Annie Elam*(15) PRESENT  
POSTOFFICE  
OF MOTHER *Augusta Ga Rb*(16) COLOR  
OR  
RACE *Black*(17) AGE AT LAST  
BIRTHDAY *36*  
(Years)(18) BIRTHPLACE *SC*(19) OCCUPATION *House*(20) Number of children of this mother  
now living, including present birth *11*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born alive* at *H. P. M.*  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *Carrie Greenwood*(23) State whether Physician or Midwife *Midwife*(24) Address of Physician or Midwife *Augusta Ga Rb*Given name added from a supplement-  
and report

(25) Witness

(Signature of Witness necessary only  
when question 22 is signed by parent)(26) Filed *12/4* *23*(27) Local Registrar *A. L. Medlock*When there was an 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.

THIS IS A PRELIMINARY RECORD. WHEN AVAILABLE, USE THIS IN A PRELIMINARY RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 1