(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
247

County of Anderson

Township of Varennes Path
or
Inc. Town of.....
or
City of .....

Registration District No. 37 Registered No. 2
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. ..... St.; ..... Ward)

(2) Full Name of Child Mary Frances Maddox

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

(3) BOY OR GIRL	(4) Twin or Triplet	(5) Number in order of birth	(6) Age Parents Married	(7) DATE OF BIRTH (Month) (Day) (Year)
Girl			1 yr	Sept. 18, 1923

(5) To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME Wayne Maddox

(9) PRESENT POSTOFFICE OF FATHER Honea Path

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Nellie Kay

(15) PRESENT POSTOFFICE OF MOTHER Honea Path

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

(22) I hereby certify that I attended the birth of this child, who was ..... on the date above stated.
(Born alive or stillborn) at 9:00 (Hour A. M. or P. M.)

(23) (Signature) E. R. Arnold M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Honea Path S.C.

Given name added from a supplemental report

..... 19....
Registrar

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

(27) Filed Jan. 31 19 25 (28) Jessie Williams
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.

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