

FORM NO. 5.

(1) PLACE OF BIRTH

County of YorkTownship of Yorkor
Inc. Town ofor
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

44938

Registration District No. 4308 Registered No. 90

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child John William Madison If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 13 1914

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Madison(9) PRESENT POSTOFFICE OF FATHER Kingston(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE York(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Gregg(15) PRESENT POSTOFFICE OF MOTHER Kingston(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE York(19) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 AM M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. M. S. S. S.(24) State whether Physician or Midwife (25) Address of Physician or Midwife KingstonMidwifeJames Madison

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

(27) Filed Feb 21 1914 (28) B. B. S. Local Registrar

Given name added from a supplemental report

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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.

MARGIN RESERVED FOR SEPARATE RECORD. THIS IS A PERMANENT RECORD. WRITING PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.