

(1) PLACE OF BIRTH

County of
Township of
or
Inc. Town of
or
City of Spartanburg

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

File No. — For State Registrar Only
30064

Registration District No. 40-A Registered No. 412
(For use of Local Registrar)

(2) Full Name of Child R. M. Madsen St. Word)
(No. 157 Street)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

3. BOY OR GIRL Bo
4. Twin or Triplet? No
5. Number in order of birth
To be answered only in event of Twin or Triplet

6. Are Parents Married? Yes

7. DATE OF BIRTH Sept. 5, 1923
(Name of Month) (Day) (Year)

MOTHER.

FATHER.
8. FULL NAME R. M. Madsen
9. PRESENT POSTOFFICE OF FATHER S. C.
10. COLOR OR RACE W.
11. AGE AT LAST BIRTHDAY 32
(Years)
12. BIRTHPLACE S. C.
13. OCCUPATION Painter
14. Number of children born to mother, including present birth 5

14. NAME BEFORE MARRIAGE Pearl Dudley
15. PRESENT POSTOFFICE OF MOTHER S. C.
16. COLOR OR RACE W.
17. AGE AT LAST BIRTHDAY 29
(Years)
18. BIRTHPLACE S. C.
19. OCCUPATION Domestic
20. 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 alive at 7 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. M. Madsen

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 10-1-1923 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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