

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

Registration District No. 2

File No.—For State Registrar Only

15289

Registered No. 73
(For use of Local Registrar)

(No. St.; Ward)
(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)

(2) Full Name of Child Madier Carlos

(3) BOY OR GIRL boy

(4) Twin or Triplet? No

(5) Number in order of birth 9

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 28 March 1933
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Chize Carlos

(9) PRESENT POSTOFFICE OF FATHER Seneca S.C.

(10) COLOR OR RACE color (11) AGE AT LAST BIRTHDAY 41

(12) BIRTHPLACE Anderson S.C.

(13) OCCUPATION farming

(14) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Pellor Carlos

(15) PRESENT POSTOFFICE OF MOTHER Seneca S.C.

(16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 41

(18) BIRTHPLACE Seneca S.C.

(19) OCCUPATION farming

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 8 am.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife

(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 4/10/33

(28) 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.