CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 71284

(1) PLACE OF BIRTH

County of Anderson
Township of Honea Path
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 307 Registered No. 105
(For use of Local Registrar)

(2) Full Name of Child Woodrow 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 event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH: Sept 22 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME: Homer Madison	(14) NAME BEFORE MARRIAGE: Lillie Haddon
(9) PRESENT POSTOFFICE OF FATHER: Honea Path S. C.	(15) PRESENT POSTOFFICE OF MOTHER: Honea Path S. C.
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 37 (Years)	(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 30 (Years)
(12) BIRTHPLACE: Anderson Co S. C.	(18) BIRTHPLACE: Greenville Co S. C.
(13) OCCUPATION: Farming	(19) OCCUPATION: Loom
(20) Number of children born to mother, including present birth: 6	(21) Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) H. Dorsey
(24) State whether Physician or Midwife: MD
(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 Aug 23 1916 (28) L. C. 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.