

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—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 6.
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Richland
 Township of Plythoewood Center
 or
 Inc. Town of ..
 or
 City of ..

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

70222

Registration District No. 38.01

Registered No. 61
 (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 Burch Medlin

(If child is not yet named; make supplemental report as directed.)

(3) BOY OR GIRL? <input checked="" type="checkbox"/> Boy	(4) Twin or Triplet? <input type="checkbox"/>	(5) Number in order of birth To be answered only in event of Twins or Triplets	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>June 5, 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Cleveland R. Medlin</u>	(14) NAME BEFORE MARRIAGE <u>Florence Jacobs</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pontiac S.C.</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Pontiac S.C.</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(18) BIRTHPLACE <u>Richland Co.</u>
(10) COLOR OR RACE <u>white</u>	(12) BIRTHPLACE <u>Richland Co.</u>	(19) OCCUPATION <u>Farmer</u>	(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>5</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Eliza Roberts

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
mark Pontiac S.C.

Given name added from a supplemental report

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

(27) Filed Aug 21, 1916 (28) J. J. Roberts 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.