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FILE No.—For State Registrar Only
~~92433 A~~

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

1. PLACE OF BIRTH
 County of Cherokee
 Township of.....
 or
 Inc. Town of.....
 or
 City of Cherokee
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

Registration District No..... Registered No.....
 (For use of Local Registrar)
 St.;..... Ward)

2. FULL NAME OF CHILD Mable Medley { If child is not yet named, make supplemental report as directed.

3. BOY OR GIRL <u>girl</u>	4. Twin or Triplet	5. Number in order of birth	6. Are Parents Married? <u>X</u>	7. DATE OF BIRTH <u>December 6</u> , 19 <u>16</u> (Name of Month (Day) (Year))
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FATHER

8. FULL NAME Beaton Medley

9. PRESENT POSTOFFICE OF FATHER Durham, N.C.

10. COLOR OR RACE Negro 11. AGE AT LAST BIRTHDAY 25 (Years)

12. BIRTHPLACE Marlboro County, S.C.

13. OCCUPATION Public Works

20. Number of children born to mother, including present birth { 2

MOTHER

14. NAME BEFORE MARRIAGE Betha Hagless

15. PRESENT POSTOFFICE OF MOTHER Cherokee, S.C.

16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 20 (Years)

18. BIRTHPLACE Cherokee, S.C.

19. OCCUPATION Farm laborer

21. Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was Born alive at R.M. on the date above stated. (Born alive or stillborn) (Place or place of birth)

23. Signature Betha Medley
The midwife in charge

24. State whether Physician or Midwife 25. Address of Physician or Midwife

Given name added from a supplemental report
 Given name 192.....
 Registrar

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

27. Filed Dec 16 1916 28. Local Registrar

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 5.

*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.