

(1) PLACE OF BIRTH

County of Frederick
 Township of Waltham

CERTIFICATE OF BIRTH

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

File No.—For this Register only

4152

Inc. Town of

Registration District No.

Registered No.
 (For use of Local Registrar)

City of Ware Shoals S.C.

(No. St.) Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert Preston Medbuck

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) Male (5) Male (6) Male (7) DATE OF BIRTH 2-10-19
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Preston Medbuck

(9) PRESENT RESIDENCE OF FATHER Ware Shoals S.C.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 21
 (Year)

(12) BIRTHPLACE Waltham

(13) OCCUPATION Mill work

(14) NUMBER OF CHILDREN born to mother, including present birth 1

MOTHER.

(15) FULL NAME Catherine Estelle Pickings

(16) PRESENT RESIDENCE OF MOTHER Ware Shoals

(17) COLOR White (18) AGE AT LAST BIRTHDAY 19
 (Year)

(19) BIRTHPLACE Waltham

(20) OCCUPATION Mill work

(21) NUMBER OF CHILDREN of this mother born living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 11:30 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robert Preston Medbuck

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a hospital report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed (28) Local Registrar

*When there was no physician or midwife, then the father, householder, etc., should make this return. If a child breathes, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PREPARED FORM—USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 H. 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 1.