

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

**(1) PLACE OF BIRTH**  
 County of Richland  
 Township of Blythewood Center  
 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.)

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

File No. For State Registrar Only  
70221

Registration District No. 3801 Registered No. 60  
 (For use of Local Registrar)

**(2) Full Name of Child** Burt Madlin (If child is not yet named, make supplemental report as directed)

(3) ~~BOY OR GIRL?~~ (4) ~~Twin or Triplet?~~ (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 5, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Cleveland R. Madlin

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

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 75 (Years)

(12) BIRTHPLACE Richland Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

**MOTHER.**

(14) NAME BEFORE MARRIAGE Florence Jacobs

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

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Richland Co.

(19) OCCUPATION House Keeper

(21) Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Bornell at 9 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eliat Roberts  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pontiac S.C.

Given name added from a supplemental report

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

19... Registrar (27) Filed Aug 21 1916 (28) [Signature] 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.