

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.  
McClary, of Columbia.

(1) PLACE OF BIRTH

County of Richland

Township of Olympia

or  
Inc. Town of

or  
City of

(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

19868

Registration District No. 389

Registered No. 78

(For use of Local Registrar)

(2) Full Name of Child Roseline Francis Medlin

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? X

(5) Number in order of birth X

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan. 25 1912

FATHER.

(8) FULL NAME Lern Crosby Medlin

(9) PRESENT POSTOFFICE OF FATHER 55 Bluff Road Columbia

(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 35

(12) BIRTHPLACE Calhoun Tenn.

(13) OCCUPATION Truck Driver

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Edith Beatha Glenn

(15) PRESENT POSTOFFICE OF MOTHER 55 Bluff Road Columbia S.C.

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 27

(18) BIRTHPLACE Jefferson Co. Tenn.

(19) OCCUPATION Housewife

(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 4 A M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Medlin

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician 1615 Pikes St.

Given name added from a supplemental report

101....

Registrar

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

(27) Filed Jan 4 1912 (28) W. H. Glenn 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.

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