

(1) PLACE OF BIRTH

County of E. D. Geffield
 Township of Marion
 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
22009

Registration District No. 18.06 Registered No. 26
 (For use of Local Registrar)

(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 Francis Marie Medlock Child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH July 1, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Martin Medlock
 (9) PRESENT POSTOFFICE OF FATHER Augusta Ga
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 44
 (12) BIRTHPLACE S C
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Taylor
 (15) PRESENT POSTOFFICE OF MOTHER Augusta Ga
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26
 (18) BIRTHPLACE S C
 (19) OCCUPATION Farming
 (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 alive at M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Mathis M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

physician Augusta Ga
Martin Medlock

Given name added from a supplement-
 al report

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

(27) Filed July 8, 1922 (28) E. M. Timmerman
 Registrar 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.