

## (1) PLACE OF BIRTH

County of AsheTownship of Wagon

or Town of

City of Wannville S.C.

(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

26846

Registration District No. 204 Registered No. 82

(For use of Local Registrar)

(2) Full Name of Child Charlie Medlock If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 2 1923 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charlie Medlock(9) PRESENT POSTOFFICE OF FATHER Graniteville S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Ashe Co(13) OCCUPATION laborer(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Edna Harris(15) PRESENT POSTOFFICE OF MOTHER Graniteville S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Ashe Co(19) OCCUPATION House wife(20) 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 alive at 2.30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. W. Harris(24) State whether Physician or Midwife (25) Address of Physician or Midwife Graniteville

Given name added from a supplemental report

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Registrar

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

(27) Filed Sept 2 1923 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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