

FORM 54-100, WITH THE UNITED INK—THIS IS A PERMANENT RECORD.  
 MARGIN RESERVED FOR BINDING.  
 IN THE case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, at  
 THE OTHER, No. 2, etc., suggestion 5.  
 FRESH-BORN, No. 1 THE OTHER, No. 2, etc., suggestion 5.  
 McCaw, of Columbian

## (1) PLACE OF BIRTH

County of Rock Creek

Township of .....Custer.....

Inc. <sup>or</sup> Town of .....  
or

City of .....  
(If birth occurs in a hospital or

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

70216

Inc. Town of ..... Registration District No. 27 Registered No. 93  
or  
(For use of the Registrar)

(For use of Local Registrar)

City of ..... (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. ... *Woodrow Medley* } If child is not yet named, make supplemental report as directed.

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(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 20</u> (Name of Month) (Day) 191 <u>6</u>
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(7) DATE OF BIRTH June, 20, 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Charlie Medboe

(9) PRESENT POSTOFFICE OF FATHER *Portia S.C*

(10) COLOR OR RACE White (11) AGE AT BIRTHDAY 32 ST 32  
(Years)

(12) BIRTHPLACE	
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(13) OCCUPATION /

(20) Number of children born to mother, including present birth { ..... 2 .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Hattie E. ...

(15) PRESENT  
POSTOFFICE  
OF MOTHER

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE \_\_\_\_\_

(19) OCCUPATION

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

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

(22) I hereby certify that I attended the birth of this child, who was Alive, at 18 7 0 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) ..... *William A. Nichols* .....

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

Given name added from a supplement-  
tal report

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

(27) Filed June 26 1916 (28) Mrs. G. L. Verrill  
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.