

## (1) PLACE OF BIRTH

County of PickensTownship of Custeror  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

70216

Registration District No. 380 Registered No. 93  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Woodrow Medlen 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 20 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charlie Medlen(9) PRESENT POSTOFFICE OF FATHER Pontiac, S.C.(10) COLOR OR RACE White (11) AGE AT BIRTHDAY 32 (Years)(12) BIRTHPLACE Pickens Co. S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Guggis(15) PRESENT POSTOFFICE OF MOTHER Pontiac S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Pickens Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Cornelia Jacobs(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pontiac, S.C.

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed June 26 1916 (28) Mrs. E. L. Perry 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.

McCaw, of Columbia  
 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.  
 LARGE RESERVED FOR BINDING  
 WITH THE ADMIN. IN THE PERMANENT RECORD.