

(1) PLACE OF BIRTH County of <u>Fairfield</u> Township of <u>#1</u> OR Inc. Town of <u>...</u> OR City of <u>...</u> (No. St.; Ward, (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 <div style="border: 1px solid black; padding: 5px; display: inline-block;">40117</div> Registration District No. <u>1922</u> Registered No. <u>53</u> (For use of Local Registrar)	
(2) Full Name of Child <u>John Bryan Medor</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>Boy</u>		(4) Twin or Triplet <u>No</u> <small>To be answered only in event of Twin or Triplet</small>		(5) Are Parents Married <u>Yes</u>	
(6) DATE OF BIRTH <u>Feb 23</u> <small>(Name of Month) (Day) (Year)</small>					
FATHER.			MOTHER.		
(7) FULL NAME <u>John Medor</u>			(14) NAME BEFORE MARRIAGE <u>Liza Martin</u>		
(8) PRESENT POSTOFFICE OF FATHER <u>...</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Shelton, S. C.</u>		
(9) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>Black</u>		
(10) BIRTHPLACE <u>...</u>			(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Year)</small>		
(11) AGE AT LAST BIRTHDAY <u>27</u> <small>(Year)</small>			(18) BIRTHPLACE <u>Fairfield Co</u>		
(12) OCCUPATION <u>Carload 1126</u>			(19) OCCUPATION <u>...</u>		
(20) Number of children born to mother, including present birth <u>1 2</u>			(21) Number of children of this mother now living, including present birth <u>1 2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>2:00 PM</u> on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>					
(23) (Signature) <u>L. C. Crosby</u>					
(24) State whether <u>Physician or Midwife</u> (25) Address of Physician or Midwife <u>Keeto, S. C.</u>					
Given name added from a supplemental report					
(26) Witness <small>(Signature of Witness necessary only when question 25 is signed by mark)</small>					
(27) Filed <u>Dec 7 1922</u> (28) Local Registrar <u>...</u>					

*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.