

FORM NO. 2. MARGIN RESERVED FOR BINDING. STATE DEPARTMENT, WITH UNPAID INK—THIS IS A PERMANENT RECORD. N. B.—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.

(1) PLACE OF BIRTH

County of Winn

Township of Winn

City of Winn

(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.

Board of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34695

Registration District No. 10000

Registered No. 340

(For use of Local Registrar)

(2) Full Name of Child

John Earl Medlin

Child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept. 8, 1922

FATHER

(8) FULL NAME John Earl Medlin

(9) PRESENT POSTOFFICE OF FATHER Winn

(10) COLOR OR RACE W.

(11) AGE AT LAST BIRTHDAY 28

(12) BIRTHPLACE S.C.

(13) OCCUPATION Self-employed

(14) Number of children born to mother, including present birth

MOTHER

(15) NAME BEFORE MARRIAGE Honey Bailey

(16) PRESENT POSTOFFICE OF MOTHER Same

(17) COLOR OR RACE W.

(18) AGE AT LAST BIRTHDAY 28

(19) BIRTHPLACE S.C.

(20) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:20 P.M. on the date above stated.

(23) (Signature) C. J. Bailey

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Winn S.C.

Given name added from a supplemental report

101

Registrar

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

(27) Filed 101 (28) 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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