

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 Richland  
 Township of South  
 or  
 Inc. Town of Eastover  
 or  
 City of \_\_\_\_\_

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**12703**

Registration District No. 9803 Registered No. 67  
 (For use of Local Registrar)  
 (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 Harmon Dyer Medlin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? Triplet (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? yes (7) DATE OF BIRTH March 8, 1922  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charlie Willie Medlin  
 (9) PRESENT POSTOFFICE OF FATHER Eastover S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24  
 (Year) \_\_\_\_\_  
 (12) BIRTHPLACE Center town ship  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 1 3

MOTHER.

(14) NAME BEFORE MARRIAGE Saura Irene Ford  
 (15) PRESENT POSTOFFICE OF MOTHER Eastover S.C.  
 (16) COLOR OR RACE \_\_\_\_\_ (17) AGE AT LAST BIRTHDAY 21  
 (Year) \_\_\_\_\_  
 (18) BIRTHPLACE Center town ship  
 (19) OCCUPATION Farming  
 (21) Number of children of this mother now living, including present birth 1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Alice Hudson Eastover  
 (24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report  
Harmon Dyer Medlin

(26) Witness Harmon D. Medlin  
 (Signature of witness necessary only when question 23 is signed by mar-)  
 (27) Filed Mar 15, 1922 (28) A. D. Bergman  
 Registrar 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.