

1 (1) PLACE OF BIRTH

County of Mecklenburg
 Township of Bethune
 or
 City of Bethune
 (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

Registration District No. 2700

No. 14539

Registered No. 2700
 (For use of Local Registrar)

(2) Full Name of Child Lord Merdison

If child is not yet named, make supplemental report as directed

(3) SEX Boy (4) Type or Twin (5) Number in order of birth 1 (6) Date May 12 1923
 To be answered only in case of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME Samuel Merdison
 (8) PRESENT RESIDENCE OF FATHER Bethune S.C.
 (9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 25 (Year)
 (11) BIRTHPLACE Bethune
 (12) OCCUPATION Farming
 (13) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Leathie Merdison
 (15) PRESENT RESIDENCE OF MOTHER Bethune
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Year)
 (18) BIRTHPLACE Bethune
 (19) OCCUPATION Farming
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Post A. M. or P. M.)
 on the date above stated.
 (22) (Signature) Mary Merdison
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness Barry Williams
 (Signature of Witness necessary only when question is signed by father)
 (26) Filed May 19 1923
 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.