

(1) PLACE OF BIRTH

County of Richmond
Township of Harrison
or
Inc. Town of.....
or
City of.....
(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

No. for State Register Card
18788

Registration District No. S.P.D. Registered No.....
(For use of Local Registrar)

(2) Full Name of Child..... (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Type of Triple Yes (5) Number in order of birth 1 (6) Sex Male (7) DATE OF BIRTH Jan 11 1923
To be answered only in case of Twins or Triplets (Day) (Year)

FATHER.

(8) FULL NAME Ed Medlin

(9) PRESENT POSTOFFICE OF FATHER Central S.C. R.F.D.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
(Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Della M. Cull

(15) PRESENT POSTOFFICE OF MOTHER Central S.C. R.F.D.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 45
(Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House keeper

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... alive... at... 9:43... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. Rearden

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

Given name added from a supplemental report

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

(27) Signed Jan 11 1923 (28) J. S. Rearden 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.

U. S. DEPARTMENT OF HEALTH, PUBLIC HEALTH SERVICE, BUREAU OF VITAL STATISTICS, WASHINGTON, D. C. FORM NO. 1 (REVISED 1922)