

(1) PLACE OF BIRTH

County of WasonTownship of Pineknobor
Inc. Town ofor
City of Lockhart

(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. 42.05

File No.—For State Registrar Only

37910Registered No. 72
(For use of Local Registrar)(2) Full Name of Child James Nathaniel Melton

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

(a) BOY OR GIRL <u>Boy</u>	(d) Twin or Triplet To be answered only in event of Twin or Triplet	(e) Number in order of birth <u>2</u>	(f) Age Parents Married <u>790</u>	(g) DATE OF BIRTH <u>Nov 11 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(a) FULL NAME James C. Melton(b) PRESENT POSTOFFICE OF FATHER Lockhart(c) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Lockhart(13) OCCUPATION Insurance Co. Agent(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Namie May Black(15) PRESENT POSTOFFICE OF MOTHER Lockhart(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Lockhart(19) OCCUPATION Homemaker(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) (Hour, A. M. or P. M.)
on the date above stated.(23) (Signature) W. H. Crawley, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lockhart

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 7 1923 (28) D. G. Gallman 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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