

(1) PLACE OF BIRTH

County of SaludaTownship of Saluda

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17356

Registration District No. 1502Registered No. 88
(For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Melvin Peter

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

(3) BOY OR GIRL Bo(4) Twin or Triplet Yes(5) Number in order of birth 1(6) Are Parents Married Yes(7) DATE OF BIRTH June 30, 1938

(Month) (Day) (Year)

FATHER

(8) FULL NAME James Peter(9) PRESENT POSTOFFICE OF FATHER Stateville SC(10) COLOR OR RACE White(11) BIRTHPLACE Saluda, TN(12) OCCUPATION Farming(13) AGE AT LAST BIRTHDAY 60
(Year)

MOTHER

(14) NAME BEFORE MARRIAGE Robert Peter(15) PRESENT POSTOFFICE OF MOTHER Stateville SC(16) COLOR OR RACE White(17) BIRTHPLACE Saluda, TN(18) OCCUPATION Farming(19) AGE AT LAST BIRTHDAY 27
(Year)(20) Number of children born to mother, including present birth 7(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. at 8 A. M. Hour A. M. or P. M.(23) (Signature) Annie(24) State (whether Physician or Midwife) Physician(25) Address of Physician or Midwife Stateville SC

Given name added from a supplemental report

(26) Witness

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

(27) File July 8 23

(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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