

(1) PLACE OF BIRTH

County of Saluda  
Township of North  
or  
Inc. Town of  
or  
City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

17356

Registration District No. 1502 Registered No. 54  
(For use of Local Registrar)

(2) Full Name of Child Melton Peterson

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

3) BOY OR GIRL Bo 4) Term or Triplet Single 5) Number in order of birth 1 6) Are Parents Married Yes 7) DATE OF BIRTH June 30 1938  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(Year of Month) (Day) (Year)

FATHER

8) FULL NAME James Peterson  
9) PRESENT POSTOFFICE OF FATHER State wide SC  
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 60  
12) BIRTHPLACE Porter, TN  
13) OCCUPATION Farming  
14) Number of children born to mother, including present child 7

MOTHER

14) NAME BEFORE MARRIAGE Ruby Pratt  
15) PRESENT POSTOFFICE OF MOTHER State wide  
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 27  
18) BIRTHPLACE Porter, TN  
19) OCCUPATION Farming  
20) Number of children of this mother now living, including present child 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) Annie Lee (25) Address of Physician or Midwife State wide SC

Given name added from a supplemental report

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

(27) Date July 8 23 19 38 (28) [Signature] 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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