

## (1) PLACE OF BIRTH

County of MarshallTownship of Orkneyor  
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

File No.—For State Registrar Only

43091

Registration District No. 2701 Registered No. 459  
(For use of Local Registrar)

City of .....

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

(2) Full Name of Child Larry Melton { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 16 1922  
(Name of Month) (Day) (Year)

| FATHER.  |   | MOTHER.  |  |
|--|---|--|--|
| (8) FULL NAME <u>Albert L Melton</u>                                     | (14) NAME BEFORE MARRIAGE <u>Ruth Scott</u>   | (9) PRESENT POSTOFFICE OF FATHER <u>Cassatt Sc</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Cassatt</u> |
| (10) COLOR OR RACE <u>White</u>  | (11) AGE AT LAST BIRTHDAY <u>29</u> (Years)   | (16) COLOR OR RACE <u>White</u>                    | (17) AGE AT LAST BIRTHDAY <u>24</u> (Years)      |
| (12) BIRTHPLACE <u>Marshall Co</u>                                       | (18) BIRTHPLACE <u>Brook Ga</u>   | (13) OCCUPATION <u>Farm wif</u>                    | (19) OCCUPATION <u>Housewife</u>                 |
| (20) Number of children born to mother, including present birth <u>4</u> | (21) Number of children of this mother now living, including present birth <u>4</u> |  |  |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9.30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Chapman (24) State Marshall (25) Address of Physician or Midwife Cassatt

Given name added from a supplemental report

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

(27) Filed Jan 11 1923 (28) W. H. Wilson 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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