

(1) PLACE OF BIRTH

County of Curry
 Township of 2
 or
 Inc. Town of 2
 or
 City of 2

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31422

Registration District No. 3405Registered No. 30
(For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Melvinetta Duber

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

3 BOY OR GIRL 1

4 Twin or Triplet

5 Number in order of birth

6 Are Parents Married? Yes

7 DATE OF

BIRTH Sep 12 22
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME

9 PRESENT POSTOFFICE OF FATHER

10 COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 2712 BIRTHPLACE 13313 OCCUPATION miner

25 Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Roberta Duber(15) PRESENT POSTOFFICE OF MOTHER Blair SC(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 22(18) BIRTHPLACE SC(19) OCCUPATION Farmer(27) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was white at 2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marcel H. Lee

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Blair SC

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

(27) Filed Oct 7 22(28) 9th

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.