

See also Vol 5 no. 4008

Form No. 1

(1) PLACE OF BIRTH

County of Dorchester  
Township of Roger  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29992

Registration District No. 1705 Registered No. 68  
(For use of Local Registrar)

City of ..... (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 Thomas Marion Melts If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 5<sup>th</sup> 1922  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME J. M. Melts  
(9) PRESENT POSTOFFICE OF FATHER Reevesville S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38  
(Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Rosa Duler  
(15) PRESENT POSTOFFICE OF MOTHER Reevesville S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36  
(Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosa Melts  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mother of Child Reevesville S.C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mother)  
(27) Filed Oct 9<sup>th</sup> 1922 (28) E. P. Shuler 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.