

(1) PLACE OF BIRTH

County of *Clayton*Township of *James*

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

17276

Registration District No. *1309*Registrar No. *33*
(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

Abraham Mellison

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <i>June 2 1923</i>
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FATHER.

(8) FULL NAME *Sam Mellison*
 (9) PRESENT POSTOFFICE OF FATHER *Davis St. S. C.*
 (10) COLOR OR RACE *Col* (11) AGE AT LAST BIRTHDAY *37* (Years)
 (12) BIRTHPLACE *Clarendon Co*
 (13) OCCUPATION *Farmer*

MOTHER.

(14) NAME BEFORE MARRIAGE *Annie Mellison*
 (15) PRESENT POSTOFFICE OF MOTHER *Davis St. S. C.*
 (16) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY *40* (Years)
 (18) BIRTHPLACE *Clarendon Co*
 (19) OCCUPATION *Home work*

(20) Number of children born to mother, including present birth *11*(21) Number of children of this mother now living, including present birth *9*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was *alive* at *11* P. M. on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.(23) (Signature) *Gertrude Lemon*(24) State Whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Summerville S. C.*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by *midwife*)(27) Filed *June 12 1923* (28) *H. E. Pickens* Local Registrar

When there was no attending physician or midwife, when 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.