

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Providence  
 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

2600

Registration District No. 4105Registered No. 9  
(For use of Local Registrar)

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

(2) Full Name of Child Robert Mellett

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_  
 To be answered only in event of Twin or Triplet (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 26 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Mellett  
 (9) PRESENT POSTOFFICE OF FATHER Dalzell S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 33  
 (Year) (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Abbie Murray  
 (15) PRESENT POSTOFFICE OF MOTHER Dalzell S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20  
 (Year) (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother who, now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) Signature Jarvis A. Mitchell  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dalzell S.C.

Given name added from a supplemental report

(26) Witness Mrs. Emma Bunkle  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 24 1922 (28) J. W. Rafford  
 Registrar Local Registrar

When there was no attending physician or midwife then the father, household, etc., should make this return.  
 If a child, brother, even a girl, is reported as stillborn, no report is desired of stillbirths before the fifth month of pregnancy.