

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECAP OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Richland
Township of Plythwood
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

70222

Registration District No. 38.01

Registered No. 61
(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 Burch Melvin

(If child is not yet named; make supplemental report as directed.)

(3) BOY OR GIRL? Boy (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 5, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Cleveland R. Melvin
(9) PRESENT POSTOFFICE OF FATHER Pontiac S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25
(Years)
(12) BIRTHPLACE Richland Co.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Florence Jacobs
(15) PRESENT POSTOFFICE OF MOTHER Pontiac S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
(Years)
(18) BIRTHPLACE Richland Co.
(19) OCCUPATION House Keeper
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at Richland Co. on the date above stated.
(Born alive or stillborn) (Hour 4 or P.M.)

(23) (Signature) Elizabeth Roberts

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pontiac S.C.

Given name added from a supplemental report

(26) Witness G. W. Seely
(Signature of Witness necessary only when question 23 is signed by marker)

(27) Filed Aug. 21, 1916 (28) J. H. Roberts 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.