

(1) PLACE OF BIRTH

County of SpartanburgTownship of WadsworthInc. Town of
or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

74829

Registration District No. 4009 Registered No. 104
(For use of Local Registrar)(2) Full Name of Child Leed. Melvin Pallard

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

28, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Thomas O. Pallard

(9) PRESENT POSTOFFICE OF FATHER

Parson S. G.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

46
(Years)

(12) BIRTHPLACE

Wadsworth

(13) OCCUPATION

Farm

(20) Number of children born to mother, including present birth

Two

MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie Pearson

(15) PRESENT POSTOFFICE OF MOTHER

Crescent

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

30
(Years)

(18) BIRTHPLACE

Crescent

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9.....2 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Gen. H. James M. L.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed

9/1.....1916 (28) Chas. L. Boyter
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.