

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

File No.—For State Registrar Only
17824

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town of

City of Charleston

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

(2) Full Name of Child Margaret Fraser Mellichamp

Registered No. **793**
(For use of Local Registrar)

3 SEX OR GENDER Girl 4 Twin or Triplet? X 5 Number in order of birth X 6 Are Parents Married? Yes 7 DATE OF BIRTH June 22, 1922
(Month) (Day) (Year)

FATHER.

8 FULL NAME Edward Henry Mellichamp

9 PRESENT POSTOFFICE OF FATHER 331 Sumter St Charleston S.C.

10 COLOR OR RACE W 11 AGE AT LAST BIRTHDAY 37
(Years)

12 BIRTHPLACE 7 Florence S.C.

13 OCCUPATION Engineer S.R.R.

14 Number of children born to mother, including present birth Three

MOTHER.

14 NAME BEFORE MARRIAGE Annie Isabell Charleston

15 PRESENT POSTOFFICE OF MOTHER 331 Sumter St Charleston S.C.

16 COLOR OR RACE W 17 AGE AT LAST BIRTHDAY 40
(Years)

18 BIRTHPLACE Charleston S.C.

19 OCCUPATION Wife

20 Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 277 Calhoun St

Given name added from a supplemental report

19 Registrar

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

(27) Filed 6/27/22 at Mercedes Green M.D. 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.

Registrar