

Form No. 1

(1) PLACE OF BIRTH

County of *Sumter*Township of *Sumter*

or

Inc. 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

30346

Registration District No. *104*Registered No. *94*

(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child *George Mellette*

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

(6) Are Parents Married *Yes*(7) DATE OF BIRTH *Sept. 19, 1923*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Larry Mellette*(9) PRESENT POSTOFFICE OF FATHER *Sumter, S.C.*(10) COLOR OR RACE *Colored*(11) AGE AT LAST BIRTHDAY *45*

(Year)

(12) BIRTHPLACE *Sumter Co. S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *Twelve*

MOTHER.

(14) NAME BEFORE MARRIAGE *Low Minnie Johnson*(15) PRESENT POSTOFFICE OF MOTHER *Sumter, S.C.*(16) COLOR OR RACE *Colored*(17) AGE AT LAST BIRTHDAY *33*(18) BIRTHPLACE *Sumter Co. S.C.*(19) OCCUPATION *House & Field Work*(21) Number of children of this mother now living, including present birth *Nine*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* *3 P.* M., on the date above stated. (Give name of child) (Hour A. M. or P. M.)(23) (Signature) *A. G. Anderson*(24) State where Physician or Midwife *South Carolina* of Physician or Midwife

(Given name added from a supplemental report)

(25) Witness *George Mellette*

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

(27) Filed *9/21/23*19 *23*(28) *Sumter*(29) *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.