

County of Colleton
Township of Lowndes

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

File No.—For State Registrar Only
29773

In Town of Registration District No. 1407 Registered No.
 (For use of Local Registrar)
 City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child. Melvin Mc Cormick } If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 29 22</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
10 FULL NAME	William Mc Cormick	(14) NAME BEFORE MARRIAGE	Olivia Bryan

(15) PRESENT POSTOFFICE OF FATHER *Green Pond 26*

(14) COLOR OR RACE <i>White</i>	(15) AGE AT LAST BIRTHDAY <i>28</i> (Years)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>26</i> (Years)
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13 BIRTHPLACE *San Francisco, Calif.* (18) BIRTHPLACE *San Francisco, Calif.*

10 OCCUPATION _____

Member of children born to mother: 4 (21) Number of children of this mother: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female at 11:30 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. L. L. L.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Give name added from a supplemental report	Mediaage	Green Pond Co.
	1965, Williams	

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(27) Filed Dec 5 1912 (28) 10 1 18 1912
 Registrar (Local Registrar)

As attending physician or midwife, then the father, householder, etc., should make this return. If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

before the sixth month of pregnancy.