

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 questions 5

1. PLACE OF BIRTH

County of Williamsburg CoTownship of Ridgeor
Inc. Town of Lake City Coor
City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

44848

Registration District No. 4309

Registered No. _____

(For use of Local Registrar)

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 Hanes Meladon

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

3. BOY OR GIRL

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH

12/15

(Name of Month)

(Day)

1923

(Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME

Laney Meladon

9. PRESENT POSTOFFICE OF FATHER

Gades Co

10. COLOR OR RACE

Color

11. AGE AT LAST BIRTHDAY

23
(Years)

12. BIRTHPLACE

Mr Hanes place

13. OCCUPATION

farming

20. Number of children born to mother, including present birth

1

MOTHER

14. NAME BEFORE MARRIAGE

Winey Fulmore

15. PRESENT POSTOFFICE OF MOTHER

Gades Co

16. COLOR OR RACE

Color

17. AGE AT LAST BIRTHDAY

19
(Years)

18. BIRTHPLACE

Mr Fulmore place

19. OCCUPATION

farming

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was 12/15/1923 at 12 A.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature _____

24. State whether Physician or Midwife

25. Address of Physician or Midwife _____

Given name added from a supplemental report

26. Witness

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

27. Filed

19 _____

28. _____

Local Registrar

19
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 6th month of pregnancy.