

(1) PLACE OF BIRTH

County NewberryTownship of Whitmoreor Inc. Town Whitmoreor City of Whitmore

(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

39473

Registration District No. 3402 Registered No. 133
(For use of Local Registrar)(2) Full Name of Child Melvin Sinclair (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 (3) (6) Are Parents Married Yes (7) DATE OF BIRTH Nov 11, 22
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Frank Sinclair</u>	(14) NAME BEFORE MARRIAGE <u>Gertrude Roddy</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Whitmore</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Whitmore</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)
(12) BIRTHPLACE <u>Union Co.</u>	(18) BIRTHPLACE <u>Charleston Co.</u>	(19) OCCUPATION <u>Mechanic</u>	(20) OCCUPATION <u>Domestic</u>
(21) Number of children born to mother, including present birth <u>8</u>	(22) Number of children of this mother now living, including present birth <u>8</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:50 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. E. Brantley (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Whitmore

Given name added from a supplemental report

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

(27) Filed Nov 15, 22 (28) R. M. Duckett 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.

N. B.—In case of TWIN OR TRIPLET, give name of each child, and mark the first-born, No. 1, the second, No. 2, etc., in question 5.