

## (1) PLACE OF BIRTH

County of Spartanburg

Township of .....

or  
Town of Ackworthor  
City of .....

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

## (2) Full Name of Child

Melton

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  
To be answered only in event of Twins or Triplets(6) Are  
Parents  
Married?(7) DATE  
BIRTH

(Name of Month) (Day) (Year)

(8) FULL  
NAMEBass Melton(9) PRESENT  
POSTOFFICE  
OF FATHERSpartanburg S.C.(10) COLOR  
OR  
RACEWhite(11) AGE AT LAST  
BIRTHDAY27

(12) BIRTHPLACE

North Carolina

(13) OCCUPATION

Doctor Mill Guatier(20) Number of children born to  
mother, including present birthOne (1)(14) NAME BEFORE  
MARRIAGEEthel Luer(15) PRESENT  
POSTOFFICE  
OF MOTHERSpartanburg(16) COLOR  
OR  
RACEWhite(17) AGE AT LAST  
BIRTHDAY17

(18) BIRTHPLACE

North Carolina

(19) OCCUPATION

Wife(21) Number of children of this mother  
now living, including present birthOne (1)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Month) (Day) (Year)(23) (Signature) W. W. Boyd

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Spartanburg S.C.Given name added from a supplement-  
tal report

....., 191.....

Registrar

(26) Witness

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

(27) Filed

Dec 6

1916

(28)

C. H. Parker

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.

fifth month of pregnancy.

THIS IS A PERMANENT RECORD.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
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