

(1) PLACE OF BIRTH

County of Charleston
Township of St. Philip
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 Register Only
17019

Registration District No. 909 Registered No. 93
(For use of Local Registrar)
St. Ward)

2) Full Name of Child Lena Valentine Melton

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

3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 14 1923
(Name of Month) (Day) (Year)

8) FULL NAME Harry Melton

9) PRESENT POSTOFFICE OF FATHER Navy Yard S.C.

10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)

12) BIRTHPLACE Fulton, Ky.

13) OCCUPATION Baker

14) Number of children born to mother, including present birth five

14) NAME BEFORE MARRIAGE Katherine Viola Irwin

15) PRESENT POSTOFFICE OF MOTHER Navy Yard S.C.

16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)

18) BIRTHPLACE Vicksburg, Miss.

19) OCCUPATION Domestic

20) Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive, as born on the date above stated. (Born alive or stillborn) (23) (Signature) D. J. M. M. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician N. Charleston, S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed July 10 1923 (28) B. F. Myers 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.
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