

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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 question 6.

(1) PLACE OF BIRTH

County of Albany  
 Township of Schultz  
 Inc. Town of.....  
 City of.....

CERTIFICATE OF BIRTH  
 STATE OF NEW YORK  
 Bureau of Vital Statistics  
 State Board of Health

No. 30767

Registration District No. 713 Registered No. 43  
 (For use of Local Registrar)

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

(2) Full Name of Child Harold James Mellon

(3) SEX OF CHILD boy (4) Type of Twin 1st born (5) Month of Birth Sept (6) Day of Birth 15 (7) Year of Birth 1923

FATHER.		MOTHER.	
(8) FULL NAME	<u>Gibbs Mellon</u>	(10) FULL NAME	<u>Elizabeth James</u>
(9) PRESENT RESIDENCE OF FATHER	<u>Augusta Ga R4</u>	(11) PRESENT RESIDENCE OF MOTHER	<u>Augusta Ga R4</u>
(12) COLOR OF FATHER	<u>Blk</u>	(13) COLOR OF MOTHER	<u>Blk</u>
(14) BIRTHPLACE	<u>A C</u>	(15) BIRTHPLACE	<u>A C</u>
(16) OCCUPATION	<u>Laborer</u>	(17) OCCUPATION	<u>Laundress</u>
(18) Number of children born to mother, including present one	<u>1</u>	(19) Number of children of this mother now living, including present one	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child who was born alive at H. P. M. on the date above stated. (Born alive or stillborn) (M. or P. M.)

(21) (Signature) Rhoda Daugherty (22) Address of Physician or Midwife Augusta Ga R4  
 (23) Name Midwife

(24) Witness (Signature of Witness necessary only when question 23 is signed as "wife")  
Det 93 (25) J R Medlock Local Registrar

(26) If the child is not the father, householder, etc., should make this return. No report is desired of stillbirths occurring within the month of pregnancy.