

(1) PLACE OF BIRTH

County of Chesterfield
 Township of
 or
 Inc. Town of Patrick
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

41642

Registration District No. 1302 Registered No. 70
 (For use of Local Registrar)

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

(2) Full Name of Child Melville Bone If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL X (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH Dec 18 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Bone
 (9) PRESENT POSTOFFICE OF FATHER Patrick S-F
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY.....
 (12) BIRTHPLACE
 (13) OCCUPATION farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Bone
 (15) PRESENT POSTOFFICE OF MOTHER Patrick S-F
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY.....
 (18) BIRTHPLACE
 (19) OCCUPATION house work
 (20) Number of children born to mother, including present birth 1
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was..... at 10 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 supplement-
 tal report

(26) Witness

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

(27) Filed Jan 9 1923(28) J. A. Davis

Local Registrar.

*When there was no attending physician or midwife, when 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.