

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12227

County of OconeeTownship of Essie

or

Inc. Town of _____

or

City of _____

Registration District No. 9500Registered No. 57

(For use of Local Registrar)

(No. _____ St.; _____ Ward)

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

(2) Full Name of Child Melhorn Henry

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 1(6) Are Parents Married? yes(7) DATE OF BIRTH Mar 5 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert Tins(9) PRESENT POSTOFFICE OF FATHER Westminster(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Year)(12) BIRTHPLACE Oconee(13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Staton(15) PRESENT POSTOFFICE OF MOTHER Westminster(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Year)(18) BIRTHPLACE Oconee(19) OCCUPATION Housekeeping(20) Number of children born to mother, including present birth 5(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Lula Gault

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

19 _____
Registrar

(27) Filed

Apr 11 1922

(28)

A.P. Martin
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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