

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Campobello
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16692

Registration District No. Registered No. 48
 (For use of Local Registrar)

(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 (6) Are Parents Married? yes (7) DATE OF BIRTH May 3 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Melton
 (9) PRESENT POSTOFFICE OF FATHER Campobello #2
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)
 (12) BIRTHPLACE M. C.
 (13) OCCUPATION Harmer
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Bramble
 (15) PRESENT POSTOFFICE OF MOTHER Campobello #3
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. Monro

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Gives name added from a supplemental report

(26) Witness

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

(27) Filed May 15 1922

(28)

C. L. Mayberry

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.