

THIS IS A PERMANENT RECORD.
 SET 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.

Medical or Columbia, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Pickens</u>		STATE OF SOUTH CAROLINA		31779	
Township of		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>37</u>		Registered No. <u>137</u>	
or				(For use of Local Registrar)	
City of <u>Easley</u>		(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 <u>Melvina Leroy</u>					
(3) BOY OR GIRL <u>Boy</u>		(4) Twin or Triplet? <u>No</u>		(5) Number in order of birth <u>1</u>	
		To be answered only in event of Twins or Triplets		(6) Sex <u>Male</u>	
				(7) DATE OF BIRTH <u>Sept 30 1922</u>	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>William L. Atkinson</u>			(14) NAME BEFORE MARRIAGE <u>Annie Carnes</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Easley</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Easley</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Textile work</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) <u>8:30 P.M.</u>					
(23) (Signature) <u>J. B. Bolt</u>		(24) State whether Physician or Midwife <u>Physician</u>			
		(25) Address of Physician or Midwife <u>Easley</u>			
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>Ed. Wyatt</u>			
19		(27) Filed <u>Oct. 2 1922</u> (28) <u>Ed. Wyatt</u> Local Registrar			
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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