

(1) PLACE OF BIRTH

County of UnionTownship of UnionOR
Inc. Town ofCity of Union (No. St.: Ward)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

44851

(2) Full Name of Child Melvin Perry

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>no</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 28</u> <small>(Name of Month) (Day) (Year)</small>
FATHER			MOTHER	
(8) FULL NAME <u>Robert A. Perry</u>			(14) NAME BEFORE MARRIAGE <u>Sara Jane Palmer</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Union - S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Union</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Spartanburg - S.C.</u>			(18) BIRTHPLACE <u>Union Co</u>	
(13) OCCUPATION <u>Physician</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. S. Smith(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Union

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Nov. 8 191... (28) D. S. Smith 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.

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.

FORM NO. 2
WHITES PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

W. B. McCaw, of Columbia

McCaw