# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
4691

County of Newberry
Township of
Inc. Town of
City of Newberry (No. St.: Ward)
(If the occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 34-A Registered No. 7
(For use of Local Registrar)

2) Full Name of Child Beatrice Melton
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 28 1 (Name of Month) (Day) (Year)

| FATHER. | | MOTHER. | |
|---|---|---|---|
| (8) FULL NAME | Ben Melton | (14) NAME BEFORE MARRIAGE | Genieve Davis |
| (9) PRESENT POSTOFFICE OF FATHER | Newberry S.C. | (15) PRESENT POSTOFFICE OF MOTHER | Newberry S.C. |
| (10) COLOR OR RACE | White | (16) COLOR OR RACE | White |
| (11) AGE AT LAST BIRTHDAY | 42 Years | (17) AGE AT LAST BIRTHDAY | 25 (Years) |
| (12) BIRTHPLACE | N.C. | (18) BIRTHPLACE | Newberry S.C. |
| (13) OCCUPATION | Plummer (Plumber) | (19) OCCUPATION | Housewife |
| (20) Number of children born to mother including present birth | 3 | (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 Bryant at 1 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. E. Pelhaupt

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Newberry S.C.

Given name added from a supplemental report.

..... 191...

Registrar

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

(27) Filed Feb 10 1916 (28) J. Cunningham
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 Local Registrar

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MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
N. B.—McCaw, of Columbia
McCaw