

Form No. 1

(1) PLACE OF BIRTH

County of FlamanceTownship of Leeor
Inc. Town of
or
City of

(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

55831

Registration District No. 2008 Registered No. 12

(For use of Local Registrar)

(2) Full Name of Child Brook Louise Mellett 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 30, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Charles Mellett(9) PRESENT POSTOFFICE OF FATHER Scranton S.C. R. 1(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Flamance SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Alie E. Fulmore(15) PRESENT POSTOFFICE OF MOTHER Scranton SC R. 1(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Flamance SC(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 5-a on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Dr. W. H. Mellett(24) State whether Physician or Midwife (25) Address of Physician or Midwife Dr. W. H. Mellett, Lake City SC.

Given name added from a supplemental report

Nov 3, 1916
W. H. Mellett
Dr. W. H. Mellett

(26) Witness (Signature of Witness necessary only when question 25 is signed by mother)

(27) Filed 5-79 1916 (28) W. H. Carter 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.

In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.