

(1) PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of

or

City of Columbia

(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

Registration District No. 7.4Registered No. 110

(For use of Local Registrar)

(2) Full Name of Child Carroll M. Melcher

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 11 1922</u> (Name of Month) (Day) (Year)
-------------------------------	--	------------------------------	---------------------------------------	---

FATHER.		MOTHER.	
(8) FULL NAME <u>Jim Melcher</u>	(14) NAME BEFORE MARRIAGE <u>James K. Moore</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Columbia</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)
(12) BIRTHPLACE <u>W</u>		(18) BIRTHPLACE <u>W</u>	
(13) OCCUPATION <u>laborer</u>		(19) OCCUPATION <u></u>	
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 a M., on the date above stated. (Born alive or stillborn. (Hour A. M. or P. M.))(23) (Signature) Carroll M. Melcher

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed Dec 20 1922 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.

NOTE: IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD.
FIRST-BORN. No. 1. THE OTHER, No. 2, etc. IN QUOTE 1.
Bureau of Columbia, Columbia, S. C.