

(1) PLACE OF BIRTH

County of Edgefield
 Township of Rocky
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only

3703

Registration District No. 1801 Registered No. 2
 (For use of Local Registrar)

City of (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 Mellie Mary Ross (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD girl (4) Type or Taper (5) Number in order of birth (6) Age of child at birth 2 yr (7) DATE OF BIRTH Feb 21 1923
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Wm. Ross
 (9) PRESENT POSTOFFICE OF FATHER Pleasant Grove S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23
 (Year) (12) BIRTHPLACE S.C.
 (13) OCCUPATION iron band

MOTHER
 (14) NAME BEFORE MARRIAGE Leanne Peterson
 (15) PRESENT POSTOFFICE OF MOTHER Pleasant Grove S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 19
 (Year) (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2 (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 born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hester Boser (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Pleasant Grove S.C.

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by parent)

(27) Date Mar 5 1923

When there was a child born