

(1) PLACE OF BIRTH

County of Richland

Township of Center

or  
Inc. Town of .....

or  
City of .....

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3241

11853

Registered No. 11853  
(For use of Local Registrar)

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

(2) Full Name of Child Melvin Melvin

(3) SEX boy (4) AGE 7 (5) DATE OF BIRTH Jan 20 1923

(6) FATHER Blavie Melvin (7) MOTHER Florence Jacobs

(8) PRESENT ADDRESS OF FATHER Blaney SC # 3 (9) PRESENT ADDRESS OF MOTHER Blaney SC # 3

(10) COLOR white (11) AGE AT LAST BIRTH 32 (12) COLOR white (13) AGE AT LAST BIRTH 37

(14) BIRTHPLACE Richland Co SC (15) BIRTHPLACE Richland Co SC

(16) OCCUPATION Farming (17) OCCUPATION House wife

(18) Number of children born to mother, including present birth 7 (19) Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(20) I hereby certify that I attended the birth of this child, who was born alive at P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) Ellen Griffin

(22) State whether Physician or Midwife (23) Address of Physician or Midwife Blaney SC # 3

Given name added from a supplementary report

(24) Witness (Signature of Witness necessary only when question 23 is signed by nurse)

(25) Date Jan 22 1923 (26) Willie Thomas

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