

(1) PLACE OF BIRTH

County of AikenTownship of Shaw

Inc. Town of

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

Registration District No. 211 Registered No.

(For use of Local Registrar)

(2) Full Name of Child Ellen Melkelvin If child is not yet named, make supplemental report as directed

(a) SEX OF CHILD <u>girl</u>	(b) Type of Child <u>To be reported as a child of living father</u>	(c) Number in order of birth	(d) Was married <u>Yes</u>	(e) DATE OF BIRTH <u>Jan. 11, 1923</u>
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FATHER.

(a) FULL NAME Boston Melkelvin(b) PRESENT RESIDENCE OF FATHER Cureha S.C.(1a) COLOR Black (11) AGE AT LAST BIRTHDAY 39 (Year)(12) BIRTHPLACE Edgefield County(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 7

MOTHER.

(1a) NAME BEFORE MARRIAGE Kate Jones(1b) PRESENT RESIDENCE OF MOTHER Cureha S.C.(1a) COLOR Black (11) AGE AT LAST BIRTHDAY 26 (Year)(12) BIRTHPLACE Edgefield County(13) OCCUPATION House Wife(14) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) 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.)(21) (Signature) Marnie Young mid wife(22) State whether Physician or Midwife (23) Address of Physician or Midwife Cureha S.C.

Given name added from a supplemental report

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

(25) Filed Jan 22, 1923 (26) M. F. Wharton 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.