

Form No. 1

(1) PLACE OF BIRTH

County of CharlestonTownship of Lowville

or Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 40-6

File No.—For State Registrar Only

32181

Registered No. 155
(For use of Local Registrar)(2) Full Name of Child Melvin Lester Fisher (No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Sept 17 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Melvin Fisher

(9) PRESENT POSTOFFICE OF FATHER

Granading St.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 29
(Year)

(12) BIRTHPLACE

St.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

2

MOTHER

(14) NAME BEFORE MARRIAGE

Ruth Foster

(15) PRESENT POSTOFFICE OF MOTHER

Granading St.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 24
(Year)

(18) BIRTHPLACE

St.

(19) OCCUPATION

Housewife

(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 at 5 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. C. Chapman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Monroe

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 20 1922

(28)

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.

REASON RESERVED FOR BINDING.
WRITE PLAINLY. WITH UNIFORMITY. IN A PERMANENT RECORD.
M. R.—10 FORM NO. 1, 1917. REVISED 1922. PUBLISHED BY THE
MEDICAL DEPARTMENT, COLUMBIA, S. C.