

Form No. 1

## (1) PLACE OF BIRTH

County of YorkTownship of Calhoun

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20533

Registration District No. 4765 Registered No. 49  
(For use of Local Registrar)

(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 Melvin Corne

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? yes7) DATE OF BIRTH May 22 22  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Frank Corne9) PRESENT POSTOFFICE OF FATHER R Hill10) COLOR OR RACE Col11) AGE AT LAST BIRTHDAY 26  
(Years)12) BIRTHPLACE SC13) OCCUPATION Laborer on Public Works20) Number of children born to mother, including present birth 3

## MOTHER.

14) NAME BEFORE MARRIAGE Jamie Hill15) PRESENT POSTOFFICE OF MOTHER R Hill16) COLOR OR RACE Col17) AGE AT LAST BIRTHDAY 24  
(Years)18) BIRTHPLACE SC19) OCCUPATION Laborer21) 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 ..... at ..... M.,  
on the date above stated. (normal live or stillborn) (Hour A. M. or P. M.)  
Elle Corne

(23) (Signature)

(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 mark)(27) Filed 6/27 22 (28) Johnnie  
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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.