

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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 8.

McCaw, of Columbia.

W. J. McCaw.

(1) PLACE OF BIRTH
County of Spartanburg STATE OF SOUTH CAROLINA
Township of
Inc. Town of
City of Spartanburg Registration District No. 40-A
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
50377

Registered No. 31
(For use of Local Registrar)
St. Ward

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 9, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Levis Melton
(9) PRESENT POSTOFFICE OF FATHER Spartanburg SC
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Carversville
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { Five

MOTHER.
(14) NAME BEFORE MARRIAGE Marie Melton
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg SC
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE Catawba NC
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth { One

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. (Born alive or ~~stillborn~~) (Hour A. M. or P. M.)

(23) (Signature) J. L. ...
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg, S. C.

Given name added from a supplemental report
..... 191.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Mar 1916 (28) Jos. Copes 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.

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