

(1) PLACE OF BIRTH

County of DarlingtonTownship of High Treeor
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

File No.—For State Registrar Only

41981

Registration District No. 1503 Registered No. 64

(For use of Local Registrar)

(2) Full Name of Child Eric Divine Mellon If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? L (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH July 26 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Larry Mellon(9) PRESENT POSTOFFICE OF FATHER Darlington S.C. R7D(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Hand Gray(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C. R7D(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 41 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9 A on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. E. Tamm

(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 Jan 10 1923 (28) J. S. Howell 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.

Registrar

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