

FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Blayton
 Township of Phillips
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

29023

Registration District No. 60313

Registered No. 78
 (For use of Local Registrar)

City of (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

Almeta Meddleton

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

(3) SEX OR
Girl

(4) Time
 or Place
 To be answered only in event of Twins or Triplets

(5) Number in
 order of birth 2

(6) Are
 Parents
 Married? Yes

(7) DATE OF
 BIRTH Sept 21 1922
 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Harrison Meddleton

(9) PRESENT
 POSTOFFICE
 OF FATHER Shecon S C

(10) COLOR
 OR
 RACE Negro

(11) AGE AT LAST
 BIRTHDAY 33
 (Years)

(12) BIRTHPLACE
Shecon S C

(13) OCCUPATION
Farmer

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

2

MOTHER.

(14) NAME BEFORE
 MARRIAGE Lela Graf

(15) PRESENT
 POSTOFFICE
 OF MOTHER Shecon S C

(16) COLOR
 OR
 RACE Negro

(17) AGE AT LAST
 BIRTHDAY 21
 (Years)

(18) BIRTHPLACE
Shecon S C

(19) OCCUPATION
House Wife

(21) Number of children of this mother
 now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phoebe Hamilton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
 tal report

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

(27) Filed 19 (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.