

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 1.

Section of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH
 County of Jones
 Township of Lowndes
 OR
 Inc. Town of Jaffrey, S. C.
 OR
 City of (No. ... S. 45 - Cherokee ... Ward)
 (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

No. 17082—For State Registrar Only

(2) Full Name of Child Joseph Alfred Melton (For use of Local Registrar)
 Registered District No. 109A Registered No. 152
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Age at Birth <u>7 1/2</u>	(7) DATE OF BIRTH <u>June 23 1923</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Joseph Nathaniel Melton</u>		(14) NAME BEFORE MARRIAGE <u>Daisy Edell Jaffrey</u>		
(9) PRESENT POST OFFICE OF FATHER <u>Jaffrey, S. C.</u>		(15) PRESENT POST OFFICE OF MOTHER <u>Jaffrey, S. C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Shelby, N. C.</u>		(18) BIRTHPLACE <u>Jaffrey, S. C.</u>		
(13) OCCUPATION <u>Barber</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4 A. M. on the date above stated. (Born alive or stillborn) (Hour ... A. M. or P. M.)
 (23) (Signature) J. D. Green
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
Jaffrey, S. C.

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 7/10 1923 at 7. F. Smith 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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