

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTHCounty of Burkeley

STATE OF SOUTH CAROLINA

Township of 1st of James

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

84461

Inc. Town of Registration District No. #200 Registered No. 32
 or
 City of (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Melie Chubb { 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? Yes (7) DATE OF BIRTH Nov 24 1916
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Link Chubb MOTHER. (14) NAME BEFORE MARRIAGE Mamie Michum

(9) PRESENT POSTOFFICE OF FATHER Holly Hill, S.C. (15) PRESENT POSTOFFICE OF MOTHER Holly Hill, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
 (Years) (Years)

(12) BIRTHPLACE Burkeley Co S.C. (18) BIRTHPLACE Burkeley Co S.C.

(13) OCCUPATION Farming (19) OCCUPATION house work

(20) Number of children born to mother, including present birth 3 (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 alive 10-P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Link Chubb(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Holly Hill, S.C.

Given name added from a supplemental report

Link1916

Registrar

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

(27) Filed Dec 1 1916 (28) Mary Singletary 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.

MARGIN RESERVED FOR BINDING.

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 5.

M. C. W. of Columbia