

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of

or

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

Registration District No. 3209

File No. - For State Registrar Only

42735

Registered No. 446

(For use of Local Registrar)

(2) Full Name of Child Mellis Grace Fryar (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Age Parents Married ya

(7) DATE OF BIRTH

Dec 3 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J.P. Fryar(9) PRESENT POSTOFFICE OF FATHER Wentworth Brandon(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE Ga(13) OCCUPATION Textile(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Lindsay(15) PRESENT POSTOFFICE OF MOTHER Wentworth Brandon(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE Indi.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Geo. T. Walker(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

(26) Witness

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

(27) Date Dec 30 1922

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.