

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of Elizabeth

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

20529

Registration District No. 4-2Registered No. 4-2

(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 Melby Patton

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

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|---|--------------------------------|---------------------------------------|-------------------------------------|--------------------------------------|
| (3) BOY OR GIRL <u>Girl</u> | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>June 28, 22</u> |
| To be answered only in event of Twins or Triplets | | | | (Name of Month) (Day) (Year) |

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|------------------------------------|---|
| (8) FULL NAME <u>Dudley Patton</u> | (14) NAME BEFORE MARRIAGE <u>Charlie Barber</u> |
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| (9) PRESENT POSTOFFICE OF FATHER <u>Rock Hill</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Rock Hill S.C.</u> |
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|---------------------------------|---|---------------------------------|---|
| (10) COLOR OR RACE <u>Negro</u> | (11) AGE AT LAST BIRTHDAY <u>24</u> (Years) | (16) COLOR OR RACE <u>Negro</u> | (17) AGE AT LAST BIRTHDAY <u>28</u> (Years) |
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| (12) BIRTHPLACE <u>S.C.</u> | (18) BIRTHPLACE <u>S.C.</u> |
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| (13) OCCUPATION <u>Farm Laborer</u> | (19) OCCUPATION <u>Farm Laborer</u> |
|-------------------------------------|-------------------------------------|

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| (20) Number of children born to mother, including present birth <u>2</u> | (21) Number of children of this mother now living, including present birth <u>2</u> |
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Dr. J. H. H. H.(24) State whether Physician or Midwife 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 7/57 22 (28) James 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.

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.