

## (1) PLACE OF BIRTH

County of Pickens  
 Township of Central  
 or  
 Inc. Town of Central  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**2257**

Registration District No 2.2.0.0 Registered No. 6  
 (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 Mary Melton

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 9th (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 4 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Mr. Phos. Melton

(9) PRESENT POSTOFFICE OF FATHER Central S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 45 (Years)

(12) BIRTHPLACE Anderson Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 19

MOTHER.  
 (14) NAME BEFORE MARRIAGE Margat Lula Stone

(15) PRESENT POSTOFFICE OF MOTHER Central S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 42 (Years)

(18) BIRTHPLACE Anderson Co. S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:45 P.M. on this date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. W. Luffin M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Central 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 Jan 14 22 (28) J. D. Bearden Local Registrar

\*When there was no attending physician or midwife when 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.

WRITE PLAINLY WITH UNFADING INK IN A PERMANENT INK. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE CARD FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 2.