

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.

(1) PLACE OF BIRTH
County of Richmond
Township of
OR
Inc. Town of
OR
City of Esley (No. St.; 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. 36051
Registration District No. 37-A Registered No. 142
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Oct 7 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Melvin Hamilton Fox
(9) PRESENT POSTOFFICE OF FATHER Esley
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Mechanic
(20) Number of children born to mother, including present birth 7

MOTHER.
(14) NAME BEFORE MARRIAGE Emelissie Galloway
(15) PRESENT POSTOFFICE OF MOTHER Esley
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Physician

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Esley

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed) W. H. H. H.

(27) Filed Nov. 4, 1922 (28) W. H. H. H. 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.

If a child is reported as stillborn, householder, etc., should make this return. If fifth month of pregnancy. No report is desired of stillbirths before the