

## (1) PLACE OF BIRTH

County of

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

File No.—For State Registrar Only

27774

Registration District No. 1205

Registered No. 70

(For use of Local Registrar)

## (2) Full Name of Child

not name of

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

(a) BOY OR GIRL Girl	(b) Twin or Triplet To be answered only in event of Twin or Triplet	(c) Number in order of birth	(d) Are Parents Married yes	(e) DATE OF BIRTH July 2, 1923 (Month of Birth) (Day) (Year)
FATHER.			MOTHER.	
(f) FULL NAME George Melton			(f) NAME BEFORE MARRIAGE Mather Mulla	
(g) PRESENT POSTOFFICE OF FATHER Charleston S.C.			(g) PRESENT POSTOFFICE OF MOTHER Charleston S.C.	
(h) COLOR OR RACE negro	(i) AGE AT LAST BIRTHDAY 6.2 (Year)	(j) COLOR OR RACE negro	(k) AGE AT LAST BIRTHDAY 32 (Year)	
(l) BIRTHPLACE S.C.			(l) BIRTHPLACE S.C.	
(m) OCCUPATION Farmer			(m) OCCUPATION House work	
(n) Number of children born to mother, including present birth 18			(n) Number of children of this mother now living, including present birth 18	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Shirley at 7:00 M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(24) (Signature)

(24) State whether

Physician or Midwife

Phy.

(25) Address of Physician or Midwife

Charleston S.C.

Given name adding date of supplemental report

(26) Witness

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

(27) Filed

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(28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born stillborn, it should be reported as stillborn. No report is desired of stillbirths before the last month of pregnancy.