

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH LEADING 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 Spartanburg STATE OF SOUTH CAROLINA
 Township of Middleton Bureau of Vital Statistics
 or Registration District No. 440.3 State Board of Health
 Inc. Town of Registered No. 74
 or (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.)

File No.—For State Registrar Only
83645

(2) Full Name of Child Meleschur Rhodes { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 21, 1966
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Meleschur Rhodes
 (9) PRESENT POSTOFFICE OF FATHER Wedgfield
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Laborer
 (20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Mary Murray
 (15) PRESENT POSTOFFICE OF MOTHER Wedgfield
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION Laborer
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was alive at 5-a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susan Murray
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wedgfield

Given name added from a supplemental report
 (26) Witness M L Parbolt (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct 25 1966 (28) M L Parbolt 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.

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