

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

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

13131

County of Union

Township of

OR

Inc. Town of Farewellville

OR

City of

Registration District No. 4204 Registered No. 20  
(For use of Local Registrar)

(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 John T. Meaud (If child is not yet named, make supplemental report as directed)

(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 June 21 1921  
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Luther Meaud

(9) PRESENT POSTOFFICE OF FATHER Cauleys O. P.O.

(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 31 (Year)

(12) BIRTHPLACE Shrine Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 16

MOTHER.

(14) NAME BEFORE MARRIAGE Lellie Foster

(15) PRESENT POSTOFFICE OF MOTHER Cauleys O. P.O.

(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 27 (Year)

(18) BIRTHPLACE Union Co. S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Luther Meaud Father

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 3/30 1922 (28) John T. Meaud 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.

REGISTRAR

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.

REGISTRAR OF COLORADO, COLORADO, S. C. No. 1. THE OFFICIAL, No. 2, etc., in question 5. No. 3.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1.