

PLACE OF BIRTH

Marlboro.
Spartanburg

CERTIFICATE OF BIRTH

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

No. for State Registrar Only
21864

Registration District No. 3902 Registered No. 33
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Melle Quisenberry (If child is not yet named, make supplemental report as directed)

SEX Girl (4) Type or Triplet Single (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH 7 27 23
(Name of Month) (Day) (Year)

FATHER'S FULL NAME Abner Quisenberry

MOTHER'S NAME BEFORE MARRIAGE Francis Quisenberry

PARENTS' PRESENT RESIDENCE OF FATHER Shades NC

(14) PRESENT RESIDENCE OF MOTHER Shades

(11) AGE AT LAST BIRTHDAY 32

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

BIRTHPLACE SC

(15) BIRTHPLACE SC

OCCUPATION Farming

(18) OCCUPATION Farm Work

Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11 M., on the date above stated. (Was alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Bina Singleton
(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Shades NC

Name added from a supplemental report
19 23
Registrar

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark) John Stull
(27) Filed 7/31 19 23 (28) John Stull Local Registrar

If 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 8th month of pregnancy.