

(1) PLACE OF BIRTH

County of AdairTownship of BozzyCity of GranvilleCity of GranvilleCity of Granville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

19633

Registration District No. 2-BRegistered No. 39
(For use of Local Registrar)

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

(2) Full Name of Child James Clifford Mellowin

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

(3) BOY OR GIRL m

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? y(7) DATE OF BIRTH July 30 1923

FATHER.

(8) FULL NAME Clifford Mellowin(9) PRESENT POSTOFFICE OF FATHER Granville(10) COLOR OR RACE m(11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE La(13) OCCUPATION Mill operator(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie E. Gardner(15) PRESENT POSTOFFICE OF MOTHER Granville(16) COLOR OR RACE m(17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE SK(19) OCCUPATION Mill operator(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Adair at 4 P M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. B. Mance

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Granville

Given name added from a supplemental report

(26) Witness

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

(27) Filed Aug 8 1923(28) W. R. Turbulle, Jr., M.D.
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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W. R. Turbulle, Jr.