

Form No. 2

(1) PLACE OF BIRTH

County of Lanun
 or
 Township of Lanun
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

90642

Registration District No. 1904 Registered No. 162
 (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 Dallar Mellic 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 Dec 29, 16
 (Name of Month) (Day) (Year)
 To be answered only in event of Twins or Triplets

FATHER:

(8) FULL NAME Edie Mellic
 (9) PRESENT POSTOFFICE OF FATHER Lanun, SC
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30
 (Years)
 (12) BIRTHPLACE Lanun, SC
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 4

MOTHER:

(14) NAME BEFORE MARRIAGE Mattie Cleveland
 (15) PRESENT POSTOFFICE OF MOTHER Lanun, SC
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 3
 (Years)
 (18) BIRTHPLACE Lanun, SC
 (19) OCCUPATION Farming
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M.,
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Sarah Mellic(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Lanun, SC

Given name added from a supplemental report

(26) Witness Sarah Mellic

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

(27) Filed Dec 30, 16(28) R. E. Beck 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.