

(1) PLACE OF BIRTH

County of BeltonTownship of Beltonor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3004

Registration District No. 301 Registered No. 5
(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 Emee Belton Melton if child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Feb. 16, 32</u> (Name of Month) (Day) (Year)
-----------------------------	---------------------	------------------------------	--------------------------	--

FATHER

(8) FULL NAME <u>George Melton</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Belton SC</u>	
(10) COLOR OR RACE <u>Negro</u>	
(12) BIRTHPLACE <u>Belton SC</u>	
(13) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>1</u>	

MOTHER

(14) NAME BEFORE MARRIAGE <u>Beatrice Collahan</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Belton SC</u>	
(16) COLOR OR RACE <u>Negro</u>	
(18) BIRTHPLACE <u>Belton SC</u>	
(19) OCCUPATION <u>Housewife</u>	
(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:27 P.M. on the date above stated.
(Born alive or stillborn. (Hour A. M. or P. M.))

(23) (Signature) <u>Julius Smith Melton</u>	(25) Address of Physician or Midwife <u>Belton SC</u>
(24) State whether Physician or Midwife	

Given under oath from a sworn physician and report:

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)	(27) Filed <u>CH 10 15 22</u>	(28) <u>W. E. Campbell</u> 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.

MADE BY THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, 1931. THIS FORM IS PRINTED BY THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, 1931. IT IS NOT TO BE REPRODUCED OR COPIED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA.