

1. PLACE OF BIRTH
 County of Charleston
 Township of
 or
 Inc. Town of
 or
 City of Charleston
 (If birth occurs in a hospital or other institution, give name of same instead of street and number. If child is not yet named, make supplemental report as directed.)

Standard Certificate of Birth
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

FILE No. — For State Registrar Only
42751

Registration District No. 9-A Registered No. 95/1507
 (For use of Local Registrar)

2. FULL NAME OF CHILD

FRANCIS GEORGE HENRY MELET

3. Boy or Girl Boy If Plural births
 4. Twin, triplet, or other
 5. Number, in order of birth
 6. Premature Full term
 7. Are Parents Married? Yes
 8. Date of Birth November 10 19 16
 (Month, day, year)

9. Full name **FATHER**
LEONARD G. MELET

18. Name before marriage **MOTHER**
MARY E. STINEBAUGH

10. Residence (mailing address) (If non-resident, give place and State)
KING & RACE STS.

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KING & RACE STS.

11. Color or race White 12. Age at last birthday 28 (Years)

20. Color or race White 21. Age at last birthday 22 (Years)

13. Birthplace (city or place) (State or country)
Charleston S.C.

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Charleston S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Druggist

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.
Housework

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
Self

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
Own Home

16. Date (month and year) last engaged in this work
Present 19 16

25. Date (month and year) last engaged in this work
Present 19 16

17. Total time (years) spent in this work
Present 19 16

26. Total time (years) spent in this work
Present 19 16

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation months weeks 29. Cause of stillbirth Before labor During labor

Specify any physical deformities of child at birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 11:55 P.M. the date above stated.
 (Born alive or stillborn)
 (Signed) J.M. Green, M.D.
 or Midwife

Given name added from a supplemental report (Date of)
 Address Charleston, S.C.
 Filed 11/25, 19 16 J.M. Green, M.D.
 Registrar

Corrected: AUG 17 1917

MAISON RESTAURANT FOR BRIDING WE'RE PLAINLY WITH CHERRY