

1. PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofor
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.)

2. FULL NAME OF CHILD

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9-ARegistered No. 95/1507FRANCIS GEORGE HENRY MELET

3. Boy or Girl

If Plural
births

4. Twin, triplet, or other

6. Premature

7. Are Parents
Married? Yes

8. Date of Birth

November 1019 16

Boy

FATHER

9. Full
nameLEONARD G. MELET18. Name before
marriageMARY E. SINGATE

10. Residence (mailing address)

KING & RACE STS.

19. Residence (mailing address)

KING & RACE STS.

(If non-resident, give place and State)

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)

Charleston

22. Birthplace (city or place)

Charleston

(State or country)

S.C.

(State or country)

S.C.14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Druggist23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.Housework15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.Self24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.Own Home16. Date (month and year) last
engaged in this workPresent, 19 1617. Total time (years)
spent in this workPresent, 19 1627. 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

28. If stillborn,

months

weeks

29. Cause of stillbirth

period of gestation

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)(When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.)(Signed) J.M. Schaefer, 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

Registrar

Corrected: ANUS 17 1916