

(1) PLACE OF BIRTH

County of CherokeeTownship of LincolnInc. Town of Gaffney S.C.City of Gaffney S.C.

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 102 Registered No. 29

(For use of Local Registrar)

(2) Full Name of Child John L. Kern Melton

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

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Twins To be reported only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Age of Mother <u>24</u>	(7) DATE OF BIRTH <u>Dec 10 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Clarence Chavis Melton</u>			(14) NAME BEFORE MARRIAGE <u>Frankie Melton Williams</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Gaffney S.C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Gaffney S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Year)	
(12) BIRTHPLACE <u>Cherokee County N.C.</u>			(18) BIRTHPLACE <u>Greenville S.C.</u>	
(13) OCCUPATION <u>Barber</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 4:10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. T. Brown Jr.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Give name added from a supplemental report

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

(29) Dated Dec 10 1923 (30) J. T. Brown Jr. 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.

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.