

(1) PLACE OF BIRTH

County of Wm. BurrTownship of M. C. 1stor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

3051

Registration District No. 4304 Registered No. 376

(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 Lisa E. Meuldron 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>July 22, 1923</u> (Month of Birth) (Day) (Year)
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FATHER.

(8) FULL NAME James M. Meuldron(9) PRESENT POSTOFFICE OF FATHER Cape S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Year)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Pitha Burgess(15) PRESENT POSTOFFICE OF MOTHER Cape S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Year)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James Wheeler

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 8, 1923 (28) J. F. Finner 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.