

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Form 5-6

**(1) PLACE OF BIRTH**  
 County of Greenwood  
 Township of 9  
 or  
 Inc. Town of 9  
 or  
 City of 1  
 (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

File No.—For State Registrar Only  
**22470**

Registration District No. 73A Registered No. 90  
 (For use of Local Registrar)

(No. .... St.; .... Ward)

**(2) Full Name of Child** \_\_\_\_\_ { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 16, 1932</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>Arthur Bryan Malone</u>		(14) NAME BEFORE MARRIAGE <u>Margarette Major</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Charlotte, N. C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Charlotte, N. C.</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Besseville Ala.</u>		(18) BIRTHPLACE <u>Greenwood Co.</u>		
(13) OCCUPATION <u>Work in Pipe Foundry</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Two</u>		(21) Number of children of this mother now living, including present birth <u>Two</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenwood Co.

Given name added from a supplemental report \_\_\_\_\_

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6/8/32 19 32 (28) W. Williams 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.

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