

(1) PLACE OF BIRTH

County of Newberry
Township of W.D.
or
Inc. Town of Whitman
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

31401

Registration District No. 3402

Registered No. 107
(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 John Thomas Malone

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

3 SEX OR
GENDER Boy

4 Twin
or Triplet? —

5 Number in
order of birth —

6 Are
Parents
Married? Yes

7 DATE OF

BIRTH Sept. 26, 1922
(Name of Month) (Day) (Year)

FATHER.

8 FULL
NAME John Benj. Malone

9 PRESENT
POSTOFFICE
OF FATHER Whitman, S.C.

10 COLOR
OR
RACE White

11 AGE AT LAST
BIRTHDAY 25 ..
(Years)

12 BIRTHPLACE

Buffalo, Union Co., S.C.

13 OCCUPATION

Cotton Mill Operator

MOTHER.

14 NAME BEFORE
MARRIAGE Annie Mary King

15 PRESENT
POSTOFFICE
OF MOTHER Whitman, S.C.

16 COLOR
OR
RACE White

17 AGE AT LAST
BIRTHDAY 23 ..
(Years)

18 BIRTHPLACE

Spartanburg Co., S.C.

19 OCCUPATION

Domestic

20 Number of children born to
mother, including present birth 1

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 6 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Leland B. Thomas

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Whitman, S.C.

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed Oct 4, 1922

(28)

R. M. Duckett
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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