

File No.—For State Registrar Only
64690

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

County of Greenwood
Township of Walnut Grove
or
Inc. Town of Ware Shoals
or
City of _____

Registration District No. 1314 Registered No. 41
(For use of Local Registrar)
St.; _____ Ward

(2) Full Name of Child. William Malone

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____
To be answered only in case of twins or triplets (6) Are Parents Married? yes (7) DATE OF BIRTH June 12 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Leah G. Malone
(9) PRESENT POSTOFFICE OF FATHER Ware Shoals SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Oconee Co SC
(13) OCCUPATION Cotton mill
(14) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Sallie B. Boyce
(15) PRESENT POSTOFFICE OF MOTHER Ware Shoals SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE Greenville Co SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Dr. Workman
(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Ware Shoals SC

Given name added from a supplemental report _____
_____, 191____

Registrar

(26) Witness _____
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 1916 (28) J. C. Malone 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.

Registrar I

LOCAL REGISTRAR

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MAKING NO. 2. MARGIN REMARKS. WITH UNFOLDING 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.