

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.

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of Christ Church  
 OF  
 Inc. Town of.....  
 OF  
 City of..... (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 Malvina Selby (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth No (6) Are Parents Married? No (7) DATE OF BIRTH January 11, 1922  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Malvina Selby</u>	(14) NAME BEFORE MARRIAGE <u>Susan Small</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Net Pleasant St</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Net Pleasant St</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)
(12) BIRTHPLACE <u>Charleston</u>	(18) OCCUPATION <u>Boarding House</u>	(18) BIRTHPLACE <u>Woodville S.C.</u>	(18) OCCUPATION <u>Worship Farm</u>
(20) Number of children born to mother, including present birth <u>Five</u>	(21) Number of children of this mother now living, including present birth <u>Five</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 (22) I hereby certify that I attended the birth of this child, who was Alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Linda L. Dore  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Net Pleasant St

Given name added from a supplemental report  
 (26) Witness Y. Simmons M. P. Pleasant  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed January 11, 1922 (28) Charleston  
 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.