

(1) PLACE OF BIRTH

County of Greenville
 Township of
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
26421

Registration District No. 2209B Registered No. 778
 (For use of Local Registrar)

(No. 317 David St St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(2) Full Name of Child

Baby Malone

(3) SEX OR GEARL Boy
 (4) Twin or Triplet?
 (5) Number in order of birth
 To be answered only in event of Twins or Triplets

(6) Are Parents Married Yes

(7) DATE OF BIRTH 6/21/1922
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Wall Malone

(14) NAME BEFORE MARRIAGE Leda Hill

(9) PRESENT POSTOFFICE OF FATHER 37 David St

(15) PRESENT POSTOFFICE OF MOTHER same

(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 32 (Years)

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Painter

(18) BIRTHPLACE S.C.

(13) OCCUPATION SC

(19) OCCUPATION housework

(20) Number of children born to mother, including present birth 2

(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 alive at 10:25 M.
 on the date above stated. (Born alive or stillborn. (Hour of M. or P.M.)

(23) (Signature) [Signature]
 (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 23 is signed by mark)

(27) Filed Aug 1 1922 (28) Thos. McKee 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.

Before the fifth month of pregnancy.