

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

If birth occurs in a hospital or other institution, give name of same in (No. Street and number.)

(2) Full Name of Child Eugene Giles Malone is not yet named, make mental report as directed

(3) SEX OR GENDER

Boy

(4) Twin or triplet?

Twin

(5) Number in order of birth

ii

(6) Are Parents Married?

Yes

(7) DATE OF

May 13

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Malone

(9) PRESENT POSTOFFICE OF FATHER

Columbia R. R. D. #3

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

29

(Years)

(12) BIRTHPLACE

Dorchester Co.

(13) OCCUPATION

Carpenter

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

15

(14) NAME OF MARRIAGE

Pathe Love

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.C. R.R. D. #3

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

Columbia R.R.

OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

15

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.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Signed by Registrar

Local Registrar

When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even or e, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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