

Form No. 1

## (1) PLACE OF BIRTH

County of Malboro.Township of Bennettsville

Inc. Town of.....

City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3301... Registered No. 174...  
(For use of Local Registrar)

File No. — For State Registrar Only

43707

(2) Full Name of Child Carrie Malloy

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>13-1-34</u> (Name of Month) (Day) (Year)
--------------------------------	---	------------------------------	---------------------------------------	---

## FATHER.

(8) FULL NAME Vander Morrison(9) PRESENT POSTOFFICE OF FATHER Bennettsville, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Malboro. Co., S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Louise Malloy(15) PRESENT POSTOFFICE OF MOTHER Bennettsville, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Malboro. Co., S.C.(19) OCCUPATION Labour(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Fannie Spears(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bennettsville, S.C.

Given name added from a supplemental report

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

(27) Filed Dec. 16, 1934 (28) Mrs. J. J. Pat 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.

W. M.—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.

MEADOWS, COLUMBIA, S. C.