

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown

Township of

or
Inc. Town ofor
City of #3

(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. 2102Registered No. 37
(For use of Local Registrar)

File No.—For State Registrar Only

38425

(2) Full Name of Child Andrew Mallow (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet? Twin (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 18, 22
(Name) (Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Joe Mallow</u>	(14) NAME BEFORE MARRIAGE	<u>Christine Korry</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Georgetown</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Georgetown</u>
(10) COLOR OR RACE	<u>Black</u>	(16) COLOR OR RACE	<u>Black</u>
(11) AGE AT LAST BIRTHDAY	<u>7</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>7</u> (Years)
(12) BIRTHPLACE	<u>S. C.</u>	(18) BIRTHPLACE	<u>S. C.</u>
(13) OCCUPATION	<u>Laborer</u>	(19) OCCUPATION	<u>Housewife</u>
(20) Number of children born to mother, including present birth	<u>2</u>	(21) Number of children of this mother now living, including present birth	<u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sallie Myers
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct 19 22 (28) Mrs R. J. King
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.

MARGIN RESERVED FOR BINDING.

WITH PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
IN THE 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.

RECEIVED OF COLUMBIA, S. C.