

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

File No.—For State Registrar Only  
**18938**

(1) PLACE OF BIRTH  
 County of Greenwood  
 Township of Hodges  
 or  
 Inc. Town of.....  
 or  
 City of .....

Registration District No. 7337 Registered No. ....  
 (For use of Local Registrar)  
 (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 Malcum Eugene Davenport Name, Sex  
 (supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH June 4, 1922  
To be answered only in event of Twins or Triplets (Specify of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Arthur Eugene Davenport  
 (9) PRESENT POSTOFFICE OF FATHER Hodges R.T. 2  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20  
(Years)  
 (12) BIRTHPLACE Laurance S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 1st

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Louise Davenport  
 (15) PRESENT POSTOFFICE OF MOTHER Hodges R.T. 2  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19  
(Years)  
 (18) BIRTHPLACE Laurance S.C.  
 (19) OCCUPATION Farming  
 (21) Number of children of this mother now living, including present birth 1st

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was Alive at 7:30 A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) R. H. Carleton M.D.  
 (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 ..... 19 ..... (28) .....  
 Registrar 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.

MACHINE REPRODUCED 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. MARYLAND, COLUMBIA, S. C.