

Form No. 1

## (1) PLACE OF BIRTH

County of MyrtleboroTownship of Myrtleboro

or

Inc. Town of.....

City of.....

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

(2) Full Name of Child Carrie Maly

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE Dec 14 1922  
 To be answered only in event of Twins or Triplets BIRTH (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Maly  
 (9) PRESENT POSTOFFICE OF FATHER Clio S.C.  
 (10) COLOR OR RACE ove (11) AGE AT LAST BIRTHDAY..... 31 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary M.P. Lee  
 (15) PRESENT POSTOFFICE OF MOTHER Clio S.C.  
 (16) COLOR OR RACE ove (17) AGE AT LAST BIRTHDAY..... 21 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Labourer  
 (21) Number of children of this mother now living, including present birth 1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... black at 10 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Midwife Cardina Maly  
 (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 Dec 16 1922 (28) W. H. Maly 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.

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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

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

File No.—For State Registrar Only  
43766

Registration District No. 3304 Registered No. 1479  
 (For use of Local Registrar)