

(1) PLACE OF BIRTH

County of Union  
Township of Boysenville  
or  
City or Town of Buffalo

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

File No. — For State Registrar Only  
**19397**

Registration District No. 420 Registered No. 78  
(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.)  
If child is not yet named, make supplemental report as directed

(2) Full Name of Child Paul Jones Malone

(3) SEX OF CHILD boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 28, 1923  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Harley W. Malone  
(9) PRESENT POSTOFFICE OF FATHER Buffalo SC  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Year)  
(12) BIRTHPLACE Lawrence Co.  
(13) OCCUPATION Mill Work  
(14) Number of children born to father, including present birth 1

**MOTHER.**  
(15) NAME BEFORE MARRIAGE Jonie Kovic  
(16) PRESENT POSTOFFICE OF MOTHER Buffalo S.C.  
(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 15 (Year)  
(19) BIRTHPLACE Virginia  
(20) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**  
(22) I hereby certify that I attended the birth of this child, who was born alive, at 3 P. M.,  
on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Hatcher  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Buffalo SC

When name added from a supplemental report  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed July 10, 1923 (28) Jas. H. Woodward 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.

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