

Form No. 1

(1) PLACE OF BIRTH

County of HamptonTownship of Saluda

or

Inc. Town of

or

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 Malvonne Linda Norton

File No. — For State Registrar Only

7828

Registration District No. 2401Registered No. 15
(For use of Local Registrar)(3) SEX OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth 4
To be answered only in event of Twin or Triplet(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH Feb 7, 23
(Name of Month) (Day) (Year)

MOTHER

(8) FULL
NAMEJ. F. Norton(9) PRESENT
POSTOFFICE
OF FATHERFurman SC(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY27
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer(20) Number of children born to
mother, including present birth4(14) NAME BEFORE
MARRIAGELettie Hadson(15) PRESENT
POSTOFFICE
OF MOTHERFurman SC(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY24
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Farmer Wife(21) Number of children of this mother
now living, including present birth4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive
on the date above stated.(Born alive or stillborn) at 8:10 P. M.,
(Hour) (M. or P. M.)(23) (Signature) J. F. Norton

(24) State whether Physician or Midwife

(25) Address of Physi- or Midwife

(Given name added from a supplement-
tal report)

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mother)(27) Filed 27 78 23(28) W. P. Ellis
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.THIS IS A PERMANENT RECORD.
FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

Bureau of Census, Columbia, S. C.