

## (1) PLACE OF BIRTH

County of Anderson

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28707

Township of .....

or

Inc. Town of .....

or

City of Anderson

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

Registration District No. 3ARegistered No. 371  
(For use of Local Registrar)

St.; ..... Ward)

## (2) Full Name of Child

David Malcolm

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL ☒(4) Twin or Triplet? ☐

To be answered only in event of Twins or Triplets

(5) Number in order of birth 2(6) Are Parents Married? ☒

(7) DATE OF

BIRTH Sept 5 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

David Allen Malcolm

(9) PRESENT POSTOFFICE OF FATHER

Anderson S.C.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 45  
(Years)

(12) BIRTHPLACE

Anderson Co

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

London Eliza Gray

(15) PRESENT POSTOFFICE OF MOTHER

Anderson

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 34  
(Years)

(18) BIRTHPLACE

Anderson Co

(19) OCCUPATION

House wife

(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 .....  
on the date above stated...... at 11 A.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Phys

(25) Address of Physician or Midwife

Anderson S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

F. B. CRAYTON,

(27) Filed ..... 19 ..... (28) .....

ANDERSON, S. C.

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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