

# (1) PLACE OF BIRTH

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Suiter

County of .....

Township of ...Privateer...

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 ..Grace Mallette.....

File No.—For State Registrar Only  
2590

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4104

Registered No. 6

(For use of Local Registrar)

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH (8) (Name of Month) (Day) (Year)

### FATHER

(9) FULL NAME Leranza Mallette

(10) PRESENT POSTOFFICE Suiter, S.C. No. 2.

(11) COLOR OR RACE Colored (12) AGE AT LAST BIRTHDAY 36 (Years)

(13) BIRTHPLACE

Suiter Co. S.C.

(14) OCCUPATION

Farming

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

### MOTHER

(16) NAME BEFORE MARRIAGE Lou Minnie Green

(17) PRESENT POSTOFFICE OF MOTHER Suiter, S.C. No. 2.

(18) COLOR OR RACE Colored (19) AGE AT LAST BIRTHDAY 30 (Years)

(20) BIRTHPLACE

Clarendon Co. S.C.

(21) OCCUPATION

House and Field Work.

(22) Number of children of this mother now living, including present birth 11 Eight....

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at birth, as at 9 PM on the date above stated.

(24) (Signature) (25) (Signature of Physician or Midwife) (26) Address of Physician or Midwife

Midwife XXXXX S.C.

P.R. Suiter, S.C. Box 36

Given name added from a supplemental report

(27) Witness (28) (Signature of Witness necessary only when question 28 is signed by mark)

(29) Filed 1-28-1922 (30) 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.