

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

88410

Registration District No.

500

Registered No.

160

(For use of Local Registrar)

(2) Full Name of Child

Yvonne Lee Malory

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 7 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Malory(9) PRESENT POSTOFFICE OF FATHER Allendale S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Luray S.C.(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Irene Fitts(15) PRESENT POSTOFFICE OF MOTHER Allendale S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Allendale S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 2 a M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bessie J. Ligon

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Allendale S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

Nov 11, 1916

(28)

M. C. Boyd M.D.

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.

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.

McGraw, of Columbia.