

1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

9038

Registration District No. 40-a

Registered No. 99

(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.)

(2) Full Name of Child William Ashley Malone not yet named, make supplemental report as directed

(3) BOY OR GIRL Day (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 2 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. A. Malone

(9) PRESENT POSTOFFICE OF FATHER 116 Weedon St

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE D.C.

(13) OCCUPATION Jeweler

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lais Clement

(15) PRESENT POSTOFFICE OF MOTHER 116 Weedon

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE D.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Weedon (24) State Whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

M.B.W. M.D.

6/3/43 19

Registrar

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

(27) Filed 3-1-1922 (28) J. S. Copas Local Registrar

When there was no attending physician or midwife, then the father, householder, or should make this return before the fifth month of pregnancy.

M.S.

If a child breathes even once, it must not be reported as stillborn. No report is desired or stillbirths before the fifth month of pregnancy.