

FORM NO. 10. MARRIAGE RESERVATION FOR BIRTHING. WRITE PLAINLY. WITH READING INSTRUMENTS IS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH
 County of York
 Township of Broad River
 or
 Inc. Town of Sharon
 or
 City of Sharon (No. 4107 Registration District No. 79 Registered No. 79)
 (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
45029

(2) Full Name of Child Maloney { 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 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 28 1915
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Joseph Martin Maloney
 (9) PRESENT POSTOFFICE OF FATHER Sharon, S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE York Co.
 (13) OCCUPATION Clerk
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Julianne Gemina Plexico
 (15) PRESENT POSTOFFICE OF MOTHER Sharon, S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE York Co.
 (19) OCCUPATION House-work
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was born alive at 4 45 A. M. on the date above stated. (Hour A. M. or P. M.)
 (23) (Signature) Charles G. Suruss
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sharon, S.C.

Given name added from a supplemental report
 _____, 1915
 _____ Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Joe J.
 (27) Filed _____ 1915 (28) _____ 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.