

Form No. 10. MARRIAGE RESERVED FOR BINDING. MARLIN RESERVED FOR BINDING. WITH ENFADING INK—THIS 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 (No.) (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. 25 1915
(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
(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Julianne Gemma Phelico
(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
(20) 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

(25) Address of Physician or Midwife Sharon, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 5 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.

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