

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Newrich  
 or  
 Inc. Town of .....  
 or  
 City of Newrich

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**18867**

Registration District No. 2409B Registered No. 719  
 (For use of Local Registrar)

(No. David 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 Immanuel Will If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>6/21/22</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>J. W. Malon</u>			(14) NAME BEFORE MARRIAGE <u>Lillie Dell</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>David St</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>David St</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>.....</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>.....</u> (Years)	
(12) BIRTHPLACE <u>Painters P. C.</u>			(18) BIRTHPLACE <u>P. C.</u>	
(13) OCCUPATION <u>Painter</u>			(19) OCCUPATION <u>Text 7</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>0</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Paraclin at 9 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John P. Hill

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 21 is signed by mark)

(27) Filed June 21 1922

(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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.