

Form No 1.

(1) PLACE OF BIRTH

County of North

Township of

or
Inc. Town ofCity of Rock Hill

(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

54141

Registration District No. 44BRegistered No. 46

(For use of Local Registrar)

(2) Full Name of Child named died

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

(3) BOY OR GIRL?	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents married?	(7) DATE OF BIRTH <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME <u>George H. Malf</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Rock Hill</u>
(10) COLOR OR RACE <u>white</u>
(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)
(12) BIRTHPLACE <u>M. C.</u>
(13) OCCUPATION <u>Carpenter</u>
(20) Number of children born to mother, including present birth <u>eight</u>

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Birdie Walter</u>
(15) PRESENT POSTOFFICE OF MOTHER <u>Rock Hill</u>
(16) COLOR OR RACE <u>white</u>
(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(18) BIRTHPLACE <u>M. C.</u>
(19) OCCUPATION <u>Housewife</u>
(21) Number of children of this mother now living, including present birth <u>8</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born, at 5-50 P.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Geo. H. Malf

(24) State whether Physician or Midwife, and address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed 3/7 1914 (28) J. H. Malf 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.

WRITE PLAINLY, WITH UNFADING 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 3.

McCaw, of Columbia.