

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

FILE - IN THIS REGISTER
33014

Registration District No. **4007** Registered No. **40**
(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.)
Full Name of Child **James Madison Mallory** If child is not yet named, make supplemental report as directed
Sex **Boy** (1) Sex or Gender (2) Number in order of birth (3) Age in years **4 1/2** (4) DATE OF BIRTH **Sept 20 1923**
(Name of Month) (Day) (Year)

FATHER.
Name **Will Mallory**
Residence **Moore S.C.**
Race **Colored** (11) AGE AT LAST BIRTHDAY **49**
(Years)
Birthplace **Stirlingburg Co.**
Occupation **Farmer**
Number of children born to father including present birth **3**

MOTHER.
(14) NAME BEFORE MARRIAGE **Lucy Thomson**
(15) PRESENT RESIDENCE OF MOTHER **Moore S.C.**
(16) COLOR OR RACE **Colored** (17) AGE AT LAST BIRTHDAY **24**
(Years)
(18) BIRTHPLACE **Stirlingburg Co.**
(19) OCCUPATION **Housewife**
(20) Number of children of this mother now living, including present birth **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was **Born alive** at **8 1/2 A.M.** on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)
(22) (Signature) **J. H. Wright M.D.**
(23) State whether Physician or Midwife (24) Address of Physician or Midwife **Spartanburg, S.C.**

When data added from a supplemental report
(25) Witness (Signature of Witness not necessary when question 23 is signed by mother)
(26) Filed **Sept 10 1923** (27) Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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