

(1) PLACE OF BIRTH
 County of Chester
 Township of Louisville
 or
 Inc. Town of
 or
 City of
 (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
 67713

Registration District No. 1106 Registered No. 99
 (For use of Local Registrar)

2) Full Name of Child Claud Malley If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH July 13 1916
 (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Henry Mobley (14) NAME BEFORE MARRIAGE Lizzie Forbit
 (9) PRESENT POSTOFFICE OF FATHER Chester P O (15) PRESENT POSTOFFICE OF MOTHER Chester P O
 (10) COLOR Negro (11) AGE AT LAST BIRTHDAY 40 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 39
 (12) BIRTHPLACE Dr Pryor Place (18) BIRTHPLACE Dr Pryor Place
 (13) OCCUPATION Farmer (19) OCCUPATION Farmer
 (20) Number of children born to mother including present birth 9 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P M.
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Midwife Francisco Malherbe
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Maggie Thibault
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 7-15 1916 (28) J. N. Gurt
 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.