

(1) PLACE OF BIRTH

County of Florence

Township of

Inc. Town of

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. 28303Registration District No. 7.0.97 Registered No. 2
(For use of Local Registrar)(2) Full Name of Child Malhan Ivory If child is not yet named, make supplemental report as directed(6) BOY OR GIRL boy (7) Twin or Triplet one (8) Number in order of birth one (9) Are Parents Married yes (10) DATE OF BIRTH sep 14 1993
(Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME Leslie Ivory(7) PRESENT POSTOFFICE OF FATHER mans Bluff S.C(10) COLOR OR RACE red (11) AGE AT LAST BIRTHDAY 30 (Year)(12) BIRTHPLACE Florence county(13) OCCUPATION Farming(14) Number of children born to mother, including present birth three

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Ann Charles(15) PRESENT POSTOFFICE OF MOTHER mans Bluff S.C(16) COLOR OR RACE red (17) AGE AT LAST BIRTHDAY 23 (Year)(18) BIRTHPLACE Florence county(19) OCCUPATION Farming(20) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 730 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Charles(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Mans Bluff S.C

Given name added from a supplemental report

(26) Witness J. M. Charles
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Oct 17 1993 (28) J. L. K. Harris
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report if a child breathes even once. It must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.