

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

13566

Registration District No.

300

Registered No.

61

(For use of Local Registrar)

(2) Full Name of Child Ellis Ray Malon (No. 1 St. 2)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR

GIRL

(4) Twin

(5) Number in
order of birth

2

(6) Are
Parents
Married

(7) DATE OF

BIRTH

May 5 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

E. J. Malon

(9) PRESENT
POSTOFFICE
OF FATHER

Beeton S.C.

(10) COLOR
OR
RACE

white

(11) AGE AT LAST
BIRTHDAY31
(Years)

(12) BIRTHPLACE

Anderson Co. S.C.

(13) OCCUPATION

Cotton Mill Work

MOTHER.

(14) NAME BEFORE
MARRIAGE

Minnie E. Richy

(15) PRESENT
POSTOFFICE
OF MOTHER

Beeton S.C.

(16) COLOR
OR
RACE

white

(17) AGE AT LAST
BIRTHDAY30
(Years)

(18) BIRTHPLACE

Flat wood Co. Va.

(19) OCCUPATION

Nurse

(20) Number of children born to
mother, including present birth

5

(21) Number of children of this mother
now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at LA
on the date above stated. born alive or stillborn (House or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)19
Registrar

(27)

Jan 5 1922 (28) Mrs. J. P. P. P.

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.