

Form No. 1

(1) PLACE OF BIRTH

County of MaconTownship of Red Bank

or Inc. Town of

or City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3307Registered No. 42
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Chas. Malacow If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at Birth 1 (7) DATE OF BIRTH Sept 20 1923

FATHER. MOTHER.

(8) FULL NAME Nathaniel Malacow (14) NAME BEFORE MARRIAGE Emil Belt(9) PRESENT POSTOFFICE OF FATHER Barnettville SC (15) PRESENT POSTOFFICE OF MOTHER Barnettville SC(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 26 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26(12) BIRTHPLACE SC (18) BIRTHPLACE SC(13) OCCUPATION Farmer (19) OCCUPATION HW(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature) Natie Malacow (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(27) Filed Sept 20 1923 (28) 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.)