

## (1) PLACE OF BIRTH

County of Union  
 Township Union  
 or  
 Inc. Town of Union  
 or  
 City of Union

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

No. 5393  
 (For State Registrar Use)

Registration District No. 42-A

Registered No. 24  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. 24 Green St.; 40 Ward)

(2) Full Name of Child Paul L. Malpass (If child is not yet named, make supplemental report as directed)

(3) SEX OR GENDER <u>Boy</u>	(4) Type of Birth <u>In utero only in case of Twin or Triple</u>	(5) Number in order of birth <u>1</u>	(6) Sex of Mother <u>Female</u>	(7) DATE OF BIRTH <u>Feb. 24</u> 19 <u>23</u> (Month of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Don M. Malpass</u>			(14) NAME BEFORE MARRIAGE <u>Ora Campbell</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Union</u>			(16) PRESENT POSTOFFICE OF MOTHER <u>Union - S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>24</u> (Year)	
(12) BIRTHPLACE <u>Fort Mill, S.C.</u>			(18) COLOR OR RACE <u>White</u>	
(15) OCCUPATION <u>Cotton Mill Work</u>			(19) AGE AT LAST BIRTHDAY <u>22</u> (Year)	
(20) BIRTHPLACE <u>Greenville, S.C.</u>			(21) OCCUPATION <u>Domestic</u>	
(22) Number of children born to mother, including present birth <u>3</u>			(23) Number of children of this mother now living, including present birth <u>3</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(24) I hereby certify that I attended the birth of this child, who was Alive at 1:30 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(25) (Signature) J. L. P. Jackson, M.D.

(26) State whether Physician or Midwife

(27) Address of Physician or Midwife

Given name added from a supplemental report

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

(29) Filed 3-10 1923 (30) D. J. Sarrell 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.

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