

Form No. 1

1. PLACE OF BIRTH

County of Charleston

Township of \_\_\_\_\_

or \_\_\_\_\_

City of Charleston

(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

Registration District No. 2A

(No. 118 Cannon St. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

FILE No.—For State Registrar Only

37441-A

Registered No. 1426

(For use of Local Registrar)

FULL NAME OF CHILD Charles Wilson Mallard

(If child is not yet named, make supplemental report as directed)

BOY OR GIRL Boy

4. Sex or \_\_\_\_\_

5. Number in order of birth \_\_\_\_\_

6. Are Parents Married? Yes

7. DATE OF BIRTH

October 2nd 1930

(Name of Month) (Day) (Year)

FATHER

FULL NAME John Archibald Mallard

PRESENT POSTOFFICE City

COLOR White

11. AGE AT LAST BIRTHDAY 47

BIRTHPLACE

Charleston, S.C.

OCCUPATION

Constable

Number of children born to mother, including present birth { 7 }

MOTHER

14. NAME BEFORE MARRIAGE Bertha West

15. PRESENT POSTOFFICE OF MOTHER City

16. COLOR OR RACE White

17. AGE AT LAST BIRTHDAY 34

18. BIRTHPLACE

Charleston, S.C.

19. OCCUPATION

At Home

21. Number of children of this mother now living, including present birth { 7 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 2:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature G. Fraser Wilson, M.D.

24. State whether Physician or Midwife

Physician

25. Address of Physician or Midwife

City

When name added from a supplemental report

26. Witness Affidavit of Mother.

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

27. Filed January 28th 1930

at Anna G. Pragnall