

(1) PLACE OF BIRTH County of <u>York</u> Township of <u>Bentley</u> or Inc. Town of or 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.—For State Register Only 26669
		Registration District No. <u>44-A</u> Registered No. <u>29</u> (For use of Local Registrar)		
				St. Ward
				If child is not yet named, make supplemental report as directed
(2) Full Name of Child <u>Ruth Dixon Mullis</u>				
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>single</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 26, 32</u> (Name of Month) (Day) (Year)
FATHER.				
(8) FULL NAME <u>Lutther J. Mullis</u>		MOTHER.		
(9) PRESENT POSTOFFICE OF FATHER <u>York S.C. P.O. #8</u>		<u>Lois Dixon Barton</u>		
(10) COLOR OR RACE <u>White</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>York S.C. P.O. #8</u>		
(12) BIRTHPLACE <u>S.C.</u>		(13) COLOR OR RACE <u>White</u>		
(14) OCCUPATION <u>Farmer</u>		(15) BIRTHPLACE <u>S.C.</u>		
(16) Number of children born to mother, including present birth <u>one</u>		(17) OCCUPATION <u>Housewife</u>		
(18) Number of children of this mother now living, including present birth <u>one</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>6 A.M.</u> (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.				
(23) (Signature) <u>Dr. H. L. Bullock</u>				
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Physician</u> <u>Class S.C. P.B.H.</u>				
Given name added from a supplement- al report				
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)				
(27) Filed by <u>Local Registrar</u>				

* 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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