

(1) PLACE OF BIRTH

County of 120-Keeler
 Township of 120-Keeler
 or
 Inc. Town of 120-Keeler
 or
 City of 120-Keeler

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

Registration District No. 102

File No.—For State Registrar Only

37348Registered No. 87
(For use of Local Registrar)

(No. 102 St. 102 Ward 102)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Martha Flowers (If child is not yet named, make supplemental report as directed)Is sex of child
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE OF

BIRTH Mar 29 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEJohn Mulligan(9) PRESENT
POSTOFFICE
OF FATHERPrinceton(10) COLOR
OR
RACECol(11) AGE AT LAST
BIRTHDAY25
(Year)

(12) BIRTHPLACE

IL

(13) OCCUPATION

Laborer(14) Number of children born to
mother, including present birth1

MOTHER.

(14) NAME BEFORE
MARRIAGEJean Flowers(15) PRESENT
POSTOFFICE
OF MOTHERPrinceton SC(16) COLOR
OR
RACECol(17) AGE AT LAST
BIRTHDAY20
(Year)

(18) BIRTHPLACE

IL

(19) OCCUPATION

Laborer(20) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child who was 11 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mary Snipe

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Princeton SCGiven name added from a supplement-
tal report

(26) Witness

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

(27) Filed

Dec 1 1922

(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.