

(1) PLACE OF BIRTH

County of PickensTownship of Libertyor
Inc. Town ofor
City of

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

(2) Full Name of Child Lillian Isabell Mull

File No.—For State Registrar Only

19840

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3705Registered No. 75
(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL? girl(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH June 8th 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Geo. Erick Mull(9) PRESENT POSTOFFICE OF FATHER Liberty S C R 3(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Transylvania Co. N.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Presley(15) PRESENT POSTOFFICE OF MOTHER Liberty S C R 3(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE Pickens Co. S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. A. Sheldon M.D.(24) State whether Physician or ~~Midwife~~ (25) Address of Physician or ~~Midwife~~ Liberty, S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 8 1922 (28) John T. Boyce 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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