

(1) PLACE OF BIRTH

County of Marion

Township of

Inc. Town of Mullins

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41671

Registration District No. 3718 Registered No. 39

(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Julia May West If child is not yet named, make supplemental report as directed

(3) SEX— CHILD	(4) Twin or Triplet	(5) Number in order of birth	(6) Age at birth	(7) DATE OF BIRTH
	To be covered only in event of Twin or Triplet		<u>yo</u>	<u>Oct 6, 1923</u> (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James West

(9) PRESENT RESIDENCE OF FATHER Marion S.C.

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 23

(12) BIRTHPLACE Marion S.C.

(13) OCCUPATION Cook

MOTHER.

(14) NAME BEFORE MARRIAGE Aunt Jane Parson

(15) PRESENT RESIDENCE OF MOTHER Marion S.C.

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 21

(18) BIRTHPLACE Marion S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at Marion S.C. on the date above stated. (Born alive or stillborn) (Hour 11 or P.M.)(22) (Signature) Mullins (23) Address of Physician or Midwife Mullins S.C.

(24) State whether Physician or Midwife

When name added from a supplemental report

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

(26) Filed 11/20/23 (27) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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