

1. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

(1) PLACE OF BIRTH

County of *Chester*
 Township of *Chester*
 or
 Inc. Town of
 or
 City of *Chester*

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

10480

Registration District No. *1107* Registered No. *39*
 (For use of Local Registrar)

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

(2) Full Name of Child *Mildred Rebecca Mullis* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Apr 9 1922*
 (Month) (Day) (Year)

FATHER.

(8) FULL NAME *Ernest Selwitz Mullis*

(9) PRESENT POSTOFFICE OF FATHER *Chester*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *22*
 (Year)

(12) BIRTHPLACE *Maurice n. c*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Bessie Nauwerck*

(15) PRESENT POSTOFFICE OF MOTHER *Chester*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *20*
 (Year)

(18) BIRTHPLACE *Chester S C*

(19) OCCUPATION *Domestic*

(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *11:30 P.* M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. M. Kern*

(24) State whether Physician or Midwife *Midwife*

(25) Address of Physician or Midwife *Chester 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 *11-24-22*

(28) *J. H. Mullis*

Registrar

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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