

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 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 Registrar Only

34643

Registration District 207 Registered No. 423

(For use of Local Registrar)

(No. 18 Fausthan St.; Jedon Hillman)(2) Full Name of Child Mary Sue Mullinox 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 Sept 15 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Joseph Labine Mullinox(9) PRESENT POSTOFFICE OF FATHER Greenville S(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Greenville Co SC(13) OCCUPATION Boiler(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Minnie Bernice Hawthorn(15) PRESENT POSTOFFICE OF MOTHER Home(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Rutherfordton NC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chas B Person(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife

P. O. Box 3

GREENVILLE, S. C.

Given name added from a supplemental report

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

(27) Oct 11 1922 (28) P. H. Mackey 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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