

1) PLACE OF BIRTH

County of Charleston
 Township of 2
 or
 Town of 1
 or
 City of 1
 (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

No. — For State Registrar Only
19100

Registration District No. 40-a Registered No. 281
 (For use of Local Registrar)
 (No. 182 Report Dr. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child

SEX of Child <u>Male</u>	(4) Type of Birth <u>✓</u> To be answered only in case of Twins or Triplets	(5) Number in order of Birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE of BIRTH <u>June 7, 1923</u> (Name of Month) (Day) (Year)
FATHER Full Name <u>John W. Mullins</u> Present Postoffice of Father <u>Italy, S.C.</u> Color or Race <u>W</u> Birthplace <u>Italy, S.C.</u> Occupation <u>Granger</u> Number of children born to mother, including present birth <u>1</u>			MOTHER Full Name <u>Eckel Vandy</u> Present Postoffice of Mother <u>Italy, S.C.</u> Color or Race <u>W</u> Birthplace <u>Ga. S.C.</u> Occupation <u>Domestic</u> Number of children of this mother now living, including present birth <u>1</u>	
(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 M., on the date above stated. (Signed or P. M.)
 (22) (Signature) J. J. Lindsay
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report
 (25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filed 7-1-23 (27) 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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