

(1) PLACE OF BIRTH

County of Marion

Township of

or
Inc. Town of Mullisor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4969

Registration District No. 37BRegistered No. 7
(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

Azalee Constant

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth
event of Twins or Triplets

(6) Are Parents Married?

yes(7) DATE OF BIRTH Jan 19 22
(Month) (Day) (Year)

FATHER.

(8) FULL NAME

Samuel Constant Jr.

(9) PRESENT POSTOFFICE OF FATHER

Mullis

(10) COLOR OR RACE

Col.(11) AGE AT LAST BIRTHDAY 32
(Year)

(12) BIRTHPLACE

Mullis

(13) OCCUPATION

Farmer

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

16

MOTHER.

(14) NAME BEFORE MARRIAGE

Jane Nelson

(15) PRESENT POSTOFFICE OF MOTHER

Mullis

(16) COLOR OR RACE

Col.(17) AGE AT LAST BIRTHDAY 22
(Year)

(18) BIRTHPLACE

Santee SC

(19) OCCUPATION

Housewife

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

14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Samuel M. Coulter M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mullis

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan. 31 22

(28)

A.M. Schuller
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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