

(1) PLACE OF BIRTH

County of Charleston S.C.

Township of

or Inc. Town of

City of Charleston

(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

29229

Registration District No. 9ARegistered No. 1359

(For use of Local Registrar)

(2) Full Name of Child Elizabeth Earle Mullally

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

(3) BOY OR GIRL Girl(4) Twin or Triplet? X

To be answered only in event of Twins or Triplets

(5) Number in order of birth X(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 1st 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Lowndes Mullally(9) PRESENT POSTOFFICE OF FATHER 14 Gibbs St, Charleston S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Insurance agent(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Earle Plouse(15) PRESENT POSTOFFICE OF MOTHER 14 Gibbs St, Charleston S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:10 P.M. on the date above stated. (Hour A.M. or P.M.)(23) (Signature) J. H. Green

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 9/19(28) Dr. J. H. Green M.D.

19 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.