

(1) PLACE OF BIRTH

County of ... *Marion* ...

Township of ...

or
Inc. Town of ... *Mullins* ...or
City of ...

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child ... *Emily Calhoun M. Mullins* ...

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

(3) SEX OF CHILD <i>Girl</i>	(4) Type of Birth <i>It is reported to be a stillborn</i>	(5) Number in order of birth <i>4</i>	(6) DATE OF BIRTH <i>Dec 2 1923</i> (Month) (Day) (Year)
---------------------------------	--	--	--

FATHER.	
(7) FULL NAME <i>Robert Elbert M. Duffie</i>	(10) COLOR OF FATHER <i>W</i>
(8) PRESENT RESIDENCE OF FATHER <i>Mullins S C</i>	(11) AGE AT LAST BIRTHDAY <i>25</i> (Years)
(12) BIRTHPLACE <i>Williamburg Co. S</i>	(13) OCCUPATION <i>Book keeper</i>
(14) Number of children born to mother, including present birth <i>2</i>	

MOTHER.	
(15) FULL NAME <i>Emily Calhoun</i>	(18) COLOR OF MOTHER <i>W</i>
(16) PRESENT RESIDENCE OF MOTHER <i>Mullins S C</i>	(19) AGE AT LAST BIRTHDAY <i>24</i> (Years)
(20) BIRTHPLACE <i>Humwood Co. S C</i>	(21) OCCUPATION <i>Home mke</i>
(22) Number of children of this mother now living, including present birth <i>2</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was ... *R. M. Mullins* ... at ... *34* ... M.
on the date above stated. (Sign alive stillborn) (Sign A. M. or P. M.)(24) (Signature) *Paul P. Martin*(25) State whether Physician or Midwife *Physician*(26) Address of Physician or Midwife *Mullins S C*

Given name added from a supplemental report

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

(28) Filed *Jan 7 1924* (29) *Am Mullins*

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.