

Form No. 3

(1) PLACE OF BIRTH

County of BeaufortTownship of Shalstonor
Inc. Town ofor
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

29021

Registration District No. 403A Registered No. 48
(For use of Local Registrar)(2) Full Name of Child Ben Mulligan

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

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>No</u> To be answered only in event 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>Sept. 18, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Julius Mulligan(9) PRESENT POSTOFFICE OF FATHER Dale, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE Beaufort Co., S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Washington(15) PRESENT POSTOFFICE OF MOTHER Dale S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Beaufort Co., S.C.(19) OCCUPATION Farmer's wife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:00 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Felix x Washington(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dale, S.C.

Given name added from a supplemental report

(26) Witness A. M. Marble
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 25, 1922 (28) M. E. J. J. J.
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.