

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

(1) PLACE OF BIRTH

County of Bamberg
 Township of Bamberg
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

272

Registration District No. 400

Registered No. 18
 (For use of Local Registrar)

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

(2) Full Name of Child Cosel McMullan

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 26 1922
 To be answered only in case of Twins or Triplets (Specify Month) (Day) (Year)

FATHER
 (8) FULL NAME Geo McMullan
 (9) PRESENT POSTOFFICE OF FATHER Bamberg
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24 (Year)
 (12) BIRTHPLACE Bamberg
 (13) OCCUPATION Farm Hand
 (20) Number of children born to mother, including present birth 2

MOTHER
 (14) NAME BEFORE MARRIAGE Queen Stokes
 (15) PRESENT POSTOFFICE OF MOTHER Bamberg
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 21 (Year)
 (18) BIRTHPLACE Bamberg
 (19) OCCUPATION Farm Hand
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Manah Brandt

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bamberg

Given name added from a supplemental report

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

(27) Filed 1/30 1922 (28) John Cooper 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.