

(1) PLACE OF BIRTH

County of MarionTownship of Peaveror
Inc. Town of.....or
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

Registration District No. 3705

File No.—For State Registrar Only

43654

Registered No. 171
(For use of Local Registrar)

(2) Full Name of Child

Algie Leonard

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH Dec 20 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Conrad Leonard Mullins

(9) PRESENT POSTOFFICE OF FATHER

Mullins

(10) COLOR OR RACE

B

(11) AGE AT LAST BIRTHDAY

29
(Years)

(12) BIRTHPLACE

Marion Co.

(13) OCCUPATION

Farmer

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

3

MOTHER

(14) NAME BEFORE MARRIAGE

Lillie Bethea

(15) PRESENT POSTOFFICE OF MOTHER

Mullins

(16) COLOR OR RACE

B

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

Marion Co.

(19) OCCUPATION

Domestic

(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 at 7:10 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Mullins R.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 11 1924

(28)

1924

(29)

1924

(30)

1924

(31)

1924

(32)

1924

(33)

1924

(34)

1924

(35)

1924

(36)

1924

(37)

1924

(38)

1924

*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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