

(1) PLACE OF BIRTH

County of Marion
 Township of Reaves
 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

7772

Registration District No. 3212Registered No. 11
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

(2) Full Name of Child Jillian Mullins

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

(3) Sex Girl

(4) Twin or Triplet

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married Yes(7) DATE OF BIRTH Feb. 21, 1913
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Ruggess Mullins(9) PRESENT POSTOFFICE OF FATHER Mullins(10) COLOR OR RACE B(11) AGE AT LAST BIRTHDAY 24(12) BIRTHPLACE Marion Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Cathryn Lewis(15) PRESENT POSTOFFICE OF MOTHER Mullins(16) COLOR OR RACE B(17) AGE AT LAST BIRTHDAY 22(18) BIRTHPLACE Marion Co.(19) OCCUPATION Housewife(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 7:30 A.M. on the date above stated.
(Born alive or Stillborn) (Hour, A. M. or P. M.)(23) (Signature) Margaret Mullins(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 9 Mullins

Given name added from a supplemental report

(26) Witness J. M. Dehuffer

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

(27) Filed Mar. 15, 1913(28) J. M. Dehuffer
Local Registrar

*When there was no attendant, 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.