

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42980

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

Registration District No. 2505 Registered No. 121
(For use of Local Registrar)

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

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? ✓ (7) DATE OF BIRTH Dec 16, 1933
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Lloyd Mullins Sr.
(9) PRESENT POSTOFFICE OF FATHER Mullins Sr.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Marion Co S.C.
(13) OCCUPATION Butcher
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Franklin
(15) PRESENT POSTOFFICE OF MOTHER Ferry
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Marion Co S.C.
(19) OCCUPATION Day Laborer
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mrs. Sarah Johnson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Ferry

Given name added from a supplemental report

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

(27) Filed Dec 15, 1934 (28) Local Registrar G. M. Johnson

*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.