

Form No. 1

## (1) PLACE OF BIRTH

County of CherokeeTownship of Willsboro

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

17168

Registration District No. 1107 Registered No. 53  
(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 W. C. If child is not yet named, make supplemental report as directed3) BOY OR GIRL? Boy 4) Twin or Triplet ..... 5) Number in order of birth ..... 6) Are Parents Married? Yes 7) DATE OF BIRTH June 4, 1923  
(If born only in event of Twin or Triplet) (Month of Month) (Day) (Year)

## FATHER.

8) FULL NAME Bill Mullis9) PRESENT POSTOFFICE OF FATHER Yut Fulk Sp10) COLOR OR RACE Black 11) AGE AT LAST BIRTHDAY 24 (Year)12) BIRTHPLACE Cherokee Co. D. C.13) OCCUPATION Public20) Number of children born to mother, including present birth Three

## MOTHER.

14) NAME BEFORE MARRIAGE Annie Bill Mullis15) PRESENT POSTOFFICE OF MOTHER Yut Fulk Sp16) COLOR OR RACE Black 17) AGE AT LAST BIRTHDAY 20 (Year)18) BIRTHPLACE Cherokee Co. D. C.19) OCCUPATION Domestic21) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:09 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. L. Ligon (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Barkeley

(Given name added from a supplemental report)

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

(27) Filed 6/4/23 at W. W. W. W. W. 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.