

Form No. 1

(1) PLACE OF BIRTH

County of Marion
 Township of Mullins
 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

7771

Registration District No. 3712 Registered No. 10
 (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 Samuel Joseph If child is not yet named, make supplemental report as directed

(3) Boy (4) Twin or Triplet (5) Number in order of birth (6) Age at birth 3 (7) DATE OF BIRTH Feb 19 1913
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Daniel Joseph (14) NAME BEFORE MARRIAGE Catharine Bowden
 (9) PRESENT POSTOFFICE OF FATHER Mullins (15) PRESENT POSTOFFICE OF MOTHER Mullins
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 33 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23
 (12) BIRTHPLACE Orangeburg (18) BIRTHPLACE Marion Co.
 (13) OCCUPATION Mill Laborer (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 3 (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 alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Dr. H. H. Woodbury
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mullins S.C.

Given name added from a supplemental report

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

(27) Filed 2/26 1913 (28) H. H. Woodbury Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.