

Form No. 3

(1) PLACE OF BIRTH

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

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

File No.—For State Registrar Only

20935

Registration District No. 29 Registered No. 114
 (For use of Local Registrar)

(2) Full Name of Child

Estine M. Mullen (If birth occurs in a hospital or other institution, give name of same (instead of street and number).)
 No. 114 St. 114 Ward 114
 If child is not yet named, make supplemental report as directed.

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Sex of Parents Male (7) DATE OF BIRTH Sept 30 1922
 To be completed only in event of Twin or Triplet. (Specify Month, Day, Year)

FATHER		MOTHER	
(8) FULL NAME <u>W. L. Mullen</u>	(14) JESSIE M. Mullen	(9) PRESENT POSTOFFICE OF FATHER <u>Myers S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Myers S.C.</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u>	(17) AGE AT LAST BIRTHDAY <u>29</u>
(12) BIRTHPLACE <u>Myers Station</u>	(18) BIRTHPLACE <u>Myers S.C.</u>	(13) OCCUPATION <u>Buy Tobacco</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Date) Sept 30 1922 (Time) 9:30 P.M.

(23) (Signature) W. L. Mullen
 (24) State whether Physician or Midwife Physician (Address of Physician or Midwife) Myers S.C.

Given names added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed "Stillborn")
W. L. Mullen (26) Date Sept 30 1922 (27) Special Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. In a case of stillbirth, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Form No. 3, 1922. Printed by the State Board of Health, Columbia, S.C. 100. In question 2, "Myers" should be "Myers S.C."