

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of *Sparta*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

JAMES MULLON

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH *10-13-22*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Francis Paul

(9) PRESENT POSTOFFICE OF FATHER

S.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

29
(Year)

(12) BIRTHPLACE

N.B.

(13) OCCUPATION

Painter

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Nellie Shipman

(15) PRESENT POSTOFFICE OF MOTHER

City

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

25
(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated.

(23) (Signature) *J. W. Allen*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed *11-1-22**1922*

(28)

Jas. Cohen
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
DEPT. OF COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

*36386*Registration District No. *40-2*Registered No. *493*
(For use of Local Registrar)(No. *138* *Seas. St.* St.; Ward)

(2) Full Name of Child

JAMES MULLON

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

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH *10-13-22*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Francis Paul

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S.C.

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29
(Year)

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City

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W

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