CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3164

(1) PLACE OF BIRTH
County of Barnwell
Township of Blackville
or
Inc. Town of .....
or
City of ..... (No. 9 A ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 5.8.4. Registered No. 4
(For use of Local Registrar)

(2) Full Name of Child Jefferson Ray Mulnick (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 — To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH June 9, 1922 (Month) (Day) (Year)

FATHER.
(8) FULL NAME Charlie Andrew Mulnick
(9) PRESENT POSTOFFICE OF FATHER Tandma S.C.
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Lynchburg S.C.
(13) OCCUPATION Teacher
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Ruby Boyd Roy
(15) PRESENT POSTOFFICE OF MOTHER Blackville
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Barnwell Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) D. M. Myers M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report
..... 19 ....
Registrar

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

(27) Filed Feb. 10, 1922 (28) C. S. Hammond
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.

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MARION BIGGERSTAFF, STATE PRINTER, COLUMBIA, S. C.
WHITE INFANT, PINK FOR GIRL, BLUE FOR BOY, YELLOW FOR A TWIN OR TRIPLET.
N. B.—In case of twins or triplets, write "Twin" or "Triplet" in the margin of the certificate, and write the given name of each child in the margin of the certificate, No. 2, etc., in question 2.