

## (1) PLACE OF BIRTH

County of ..

Township of ..

or  
Inc. Town of ..  
or  
City of ..

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

## (2) Full Name of Child

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

James W. Mullinax

(9) PRESENT POSTOFFICE OF FATHER

Belton SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Habersham Co. Ga.

(13) OCCUPATION

ice mill work

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

3

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

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born*, at *11 P* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. R. Haynes M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Belton SC

Given name added from a supplemental report

Nov 11, 1916

C. W. Mullins

Registrar

(26) Witness

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

(27) Filed July 2, 1916

(28)

J. C. Acers

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.

MARKING REQUIREMENTS FOR FILLING IN A FORM: WRITE PLAINLY, WITH UNFADING INK. WHEN IN A FORM, MARK THE CHILD, AND MARK THE N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw of Columbia

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

 File No.—For State Registrar Only  
 62969

 Registration District No. 300 Registered No. 97  
 (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 *Norma May Mullinax*  
 (If child is not yet named, make supplemental report as directed)

 (3) BOY OR GIRL? *Girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *June 20* 1916 (Name of Month) (Day) (Year)

| FATHER.   |                          | MOTHER.  |                           |
|---|--------------------------|--|---------------------------|
| (8) FULL NAME   | <i>James W. Mullinax</i> | (14) NAME BEFORE MARRIAGE  | <i>Sophronie C. Klump</i> |
| (9) PRESENT POSTOFFICE OF FATHER                                | <i>Belton SC</i>         | (15) PRESENT POSTOFFICE OF MOTHER  | <i>Belton SC</i>          |
| (10) COLOR OR RACE  | <i>White</i>             | (16) COLOR OR RACE   | <i>White</i>              |
| (11) AGE AT LAST BIRTHDAY                                       | <i>30</i>                | (17) AGE AT LAST BIRTHDAY  | <i>25</i>                 |
| (12) BIRTHPLACE   | <i>Habersham Co. Ga.</i> | (18) BIRTHPLACE  | <i>Anderson Co.</i>       |
| (13) OCCUPATION   | <i>ice mill work</i>     | (19) OCCUPATION  | <i>house wife</i>         |
| (20) Number of children born to mother, including present birth | <i>3</i>                 | (21) Number of children of this mother now living, including present birth | <i>5</i>                  |

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