

(1) PLACE OF BIRTH

County of Anderson  
Township of Belton

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

62969

or  
Inc. Town of ..... Registration District No. 300 Registered No. 97  
(For use of Local Registrar)  
or  
City of ..... (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 Child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 20 1916  
(Name of Month) (Day) (Year)FATHER.  
(8) FULL NAME James W. Mullinax  
(9) PRESENT POSTOFFICE OF FATHER Belton SC  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)  
(12) BIRTHPLACE Habersham Co Ga.  
(13) OCCUPATION ice mill work  
(20) Number of children born to mother, including present birth 3MOTHER.  
(14) NAME BEFORE MARRIAGE Sophronie C. Klaupe  
(15) PRESENT POSTOFFICE OF MOTHER Belton SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)  
(18) BIRTHPLACE Anderson Co.  
(19) OCCUPATION house wife  
(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 alive, at 11 P M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) M. 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

Norma M., 1916.  
Mullinax  
Supp Registrar

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

(27) Filed July 2 1916. (28) J. P. 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 SPECIALLY FOR TWINS.  
WRITED PLAINLY, WITH UNFADING INK.—FILL IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE N. B.—IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, IN QUESTION 5.  
FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.  
McCaw, of Columbia.