

## (1) PLACE OF BIRTH

County of Charleston, S.C.  
 Township of St. Philip's

or  
 Inc. Town of .....

or  
 City of Charleston

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

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

647

Registration District No. 19 Registered No. 19  
 (For use of Local Registrar)

(2) Full Name of Child Mary Ellen Mullinax (If child is yet named, make supplemental report as directed)

(3) BOY OR GIRL  
Girl

(4) Twin or Triplet?  
 To be answered only in event of Twins or Triplets

(5) Number in order of birth  
1

(6) Are Parents Married?  
Yes

(7) DATE OF BIRTH Jan. 25th 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Elmers Henry Mullinax

(9) PRESENT POSTOFFICE OF FATHER Chicora, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Fatnall, Ga.

(13) OCCUPATION Crafter

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Mother Ellen Armstrong

(15) PRESENT POSTOFFICE OF MOTHER Chicora, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Laurens, S.C.

(19) OCCUPATION Wife

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2:15 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. Myers

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Charleston, S.C.

Given name added from a supplemental report

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

(27) Filed Feb. 8, 1922 (28) Dr. J. H. Myers 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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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK FIRST-BORN NO. 1, THE OTHER NO. 2, ETC. IN QUESTION 1.  
 Bureau of Vital Statistics, Columbia, S. C.