

1. If the child is a twin or triplet, use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Tamulgee  
 Township of 8  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)

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

File No.—For State Registrar Only  
**34301**

Registration District No. 1907 Registered No. 79  
 (For use of Local Registrar)

(2) Full Name of Child E. C. Mahulin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 22  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME E. C. Mahulin  
 (9) PRESENT POSTOFFICE OF FATHER Ridgeway  
 (10) COLOR OR RACE ..... (11) AGE AT LAST BIRTHDAY 28  
 (Year) .....  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION .....  
 (20) Number of children born to mother, including present birth 5

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Laura Adams  
 (15) PRESENT POSTOFFICE OF MOTHER Ridgeway  
 (16) COLOR OR RACE ..... (17) AGE AT LAST BIRTHDAY 28  
 (Year) .....  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION .....  
 (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 alive at ..... M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Mathias Jones  
 (24) State whether Physician or Midwife Physician (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 10/23/22 (28) L. E. Statton 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.