

(1) PLACE OF BIRTH

County of Cherokee
 Township of Goodlyville
 OF
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29454

Registration District No. 1002Registered No. 53
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twin or Triplet (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 21 19 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Carl Mullinot
 (9) PRESENT POSTOFFICE OF FATHER Wilkinsville
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23
 (Years)
 (12) BIRTHPLACE Cherokee
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Ruby Bratton
 (15) PRESENT POSTOFFICE OF MOTHER Wilkinsville
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
 (Years)
 (18) BIRTHPLACE Cherokee
 (19) OCCUPATION Housekeeper
 (20) Number of children born to mother, including present birth 4
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maud Bratton
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Wilkinsville

Given name added from a supplemental report

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

Sam J. Strain 19 22
 Registrar

(27) Filed Oct 10 19 22 (28) Sam J. Strain
 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.