

(1) PLACE OF BIRTH

County of BeaufortTownship of BlufftonInc. Town of Bluffton

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 601No. 31838Registered No. 56

(For use of Local Registrar)

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

(2) Full Name of Child James Edward Mulligan, Jr. If child is not yet named, make supplemental report as directed

(a) sex of Child <u>Boy</u>	(c) Type of Birth - <u>Normal</u>	(e) Date of Birth <u>Nov. 30, 1923</u>
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(b) Full Name of Father <u>James E. Mulligan</u>	(d) Name of Mother <u>Jennie McBride</u>
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(f) Place of Birth of Father <u>Bluffton, S.C.</u>	(h) Place of Birth of Mother <u>Bluffton, S.C.</u>
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(i) Color of Child <u>White</u>	(k) Age at Last Birthday <u>31</u>	(m) Color of Mother <u>White</u>	(n) Age at Last Birthday <u>23</u>
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(j) Birthplace of Child <u>Beaufort County</u>	(l) Birthplace of Mother <u>Jasper County</u>
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(o) Occupation of Father <u>Peroman Oyster Canning Factory</u>	(p) Occupation of Mother <u>Housewife</u>
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(q) Number of children born to mother, including present birth <u>2</u>	(r) Number of children of the mother now living, including present birth <u>2</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:30 A.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) <u>[Signature]</u>	(24) State whether Physician or Midwife <u>Physician</u>	(25) Address of Physician or Midwife <u>Hardeeville, S.C.</u>
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Given name added from a supplemental report

(26) Witness (signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov. 30, 1923 (28) [Signature]

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is needed of stillborn before the fifth month of pregnancy.

Before the fifth month of pregnancy.