

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Cherokee  
 Township of Gowansville

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

File No.—For State Registrar Only  
**76196**

Inc. Town of ..... Registration District No. 1002 Registered No. 27  
 or (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 Jake Bleters Mullins If child is not yet named, make supplemental report as directed

|                             |   |                              |                                     |   |
|-----------------------------|---|------------------------------|-------------------------------------|---|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? <u>None</u><br><small>To be answered only in case of Twins or Triplets</small> | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Sept 17, 1918</u><br><small>(Name of Month) (Day) (Year)</small> |
|-----------------------------|---|------------------------------|-------------------------------------|---|

**FATHER.**

(8) FULL NAME Gas Mullins

(9) PRESENT POSTOFFICE OF FATHER Gaffney # 4

(10) COLOR OR RACE White AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Cherokee Co

(13) OCCUPATION Trammer

(20) Number of children born to mother, including present birth { Three }

**MOTHER.**

(14) NAME BEFORE MARRIAGE Annie Mullins

(15) PRESENT POSTOFFICE OF MOTHER Gaffney # 4

(16) COLOR OR RACE White AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Cherokee Co

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth { Three }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Carroll Wright  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Gaffney # 4

Given name added from a supplemental report

..... 191.....  
Sam J. Strain  
 Registrar

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

(27) Filed Sept 22, 1918 (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.

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia.