

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Bates  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. 16.—For State Register Only  
 17780

Registration District No. 2201 Registered No. 36  
 (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 Robert Mullins (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Sex Male (7) DATE OF BIRTH June 4, 1923  
 To be answered only in case of Twin or Triplet (Month of Month) (Day) (Year)

FATHER. (14) NAME BEFORE MARRIAGE John Hamner

(8) FULL NAME R. H. Mullins (15) PRESENT POSTOFFICE OF FATHER Traverse Hill, S.C.

(9) PRESENT POSTOFFICE OF FATHER Traverse Hill, S.C. (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24  
 (Year)

(12) BIRTHPLACE S. C. (18) BIRTHPLACE S. C.

(13) OCCUPATION Farmer (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature] (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife [Address]

(Given name added from a supplemental report)

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

(27) Filed June 10, 1923 (28) [Signature] 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.

RECORDS OF SOUTH CAROLINA, COLUMBIA, S. C. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

F I L M