

(1) PLACE OF BIRTH

County of Sumter

Township of

or Inc. Town of

or City of Sumter

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 12227

12227

Registration District No. Registered No.

(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Lucile Mullis(3) SEX OF CHILD girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age Parents Married? yes (7) DATE OF BIRTH 2/10/28 (8) (Name of Mother) (Day) (Year)

To be answered only in event of Twin or Triplet

FATHER.

(9) FULL NAME Joe Mullis(10) PRESENT POSTOFFICE OF FATHER Sumter(11) COLOR OR RACE Colored (12) AGE AT LAST BIRTHDAY 46 (Year)(13) BIRTHPLACE Sumter(14) OCCUPATION Farming(15) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 12

MOTHER.

(16) NAME BEFORE MARRIAGE Relia Harris(17) PRESENT POSTOFFICE OF MOTHER Sumter(18) COLOR OR RACE Colored (19) AGE AT LAST BIRTHDAY 38 (Year)(20) BIRTHPLACE Sumter(21) OCCUPATION Farming(22) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was at M.

on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) (25) State whether Physician or Midwife (26) Address of Physician or Midwife

(27) Given name added from a supplemental report

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

(29) Filed 2/10/28 (30) Local Registrar

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.