

(1) PLACE OF BIRTH

County of MarionTownship of Reaver

Inc. Town of

City of

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

(2) Full Name of Child Dolphus Herald

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

(1) SEX OF CHILD <u>Boy</u>	(4) Type of Infant <u>To be reported only in case of Twin or Triplet</u>	(3) Number in order of birth	(5) Age of Child <u>yr</u>	(6) DATE OF BIRTH <u>Dec 15 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Charles Herald</u>			(14) NAME BEFORE MARRIAGE <u>Emma Smith</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Mullins SC</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Mullins SC</u>	
(16) COLOR OR RACE <u>Col.</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Year)	(18) COLOR OR RACE <u>Col.</u>		
(19) BIRTHPLACE <u>Marion Co</u>		(20) BIRTHPLACE <u>Marion Co</u>		
(21) OCCUPATION <u>Farmer</u>		(22) OCCUPATION <u>Labourer</u>		
(23) Number of children born to mother, including present birth <u>6</u>		(24) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(25) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(26) (Signature) Frank P. Mullins

(27) I am a Physician or Midwife

(28) Address of Physician or Midwife

(Given name added from a supplemental report)

(29) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(30) Filed 1/17/24 by H. M. Mullins Local Registrar

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 desired of stillbirths before the fifth month of pregnancy.

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