

(1) PLACE OF BIRTH

County of Marengo

Township of

or
Inc. Town of Mullinsor
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 Edolph Shivers JrFile No. — For State Registrar Only
35516Registration District No. 3212Registered No. 59
(For use of Local Registrar)(3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE OF

BIRTH Sept 10 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edward Shivers(9) PRESENT POSTOFFICE OF FATHER Mullins SC(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE Eastover SC(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Janie Gaskin(15) PRESENT POSTOFFICE OF MOTHER Mullins SC(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Mullins SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M.
on the date above stated. (Born alive or stillborn) (Hour) (P. M.)(23) (Signature) Mullins M. Coulter(24) State whether Physician or Midwife (25) Address of Physician or Midwife Mullins SC

Given name added from a supplemental report

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

(27) Filed Nov 7 1922 (28) 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.*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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