

Form No. 1

(1) PLACE OF BIRTH

County of CherokeeTownship of 11OR
Inc. Town ofOR
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 Benjamin Mull

File No. — For State Registrar Only

18007

Registered No.
(For use of Local Registrar)If child is not yet named, make
supplemental report as directed(3) BOY OR
GIRL Boy(4) Twin
or Triplet(5) Number in
order of birth
To be answered only in event of Twin or Triplet(6) Are
Parents
Married yes(7) DATE OF
BIRTH June 18, 1922
(Month) (Day) (Year)

FATHER.

(8) FULL
NAME Lee Mull(9) PRESENT
POSTOFFICE
OF FATHER Kings Creek S.E. R7W(10) COLOR
OR
RACE White(11) AGE AT LAST
BIRTHDAY 36
(Years)

(12) BIRTHPLACE

North Carolina

(13) OCCUPATION

Farmer(14) Number of children born to
mother, including present birth4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:40 A.M.
on the date above stated. (Born alive or stillborn) (H. & A. M. or P. M.)(23) (Signature) W. B. Oates

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Box 76Given name added from a supplement-
tal report(26) Signature of Witness necessary only
when question 22 is signed by mark(27) (Signature) W. B. Oates (28) W. B. Oates
Local RegistrarWhen mark was so attending, the child should make this return
If a child breathes even once, the report is deemed to be correct