

(1) PLACE OF BIRTH

County of Anderson

Township of Mullekin

or  
Inc. Town of .....

or  
City of .....

(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

File No.—For State Registrar Only

71306

Registration District No. 310 Registered No. ....

(For use of Local Registrar)

(2) Full Name of Child .....

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

(3) BOY OR GIRL? .....	(4) Twin or Triplet? .....	(5) Number in order of birth .....	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 15</u> 19 <u>06</u>
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)	

#### FATHER.

(8) FULL NAME Foster H. Mullikin

(9) PRESENT POSTOFFICE OF FATHER Puddledton, S.C. # 4

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Anderson Co., S.C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth Two

#### MOTHER.

(14) NAME BEFORE MARRIAGE Emma Hall

(15) PRESENT POSTOFFICE OF MOTHER Puddledton, S.C. # 4

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Anderson Co., S.C.

(19) OCCUPATION House-wife.

(20) Number of children of this mother now living, including present birth Two

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:20 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) C. Horton (24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Puddledton, S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness .....

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

(27) Filled ..... 191..... (28) Local Registrar H. H. Sawright

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.

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MARGIN RESERVED FOR BINDING.

WRITES PLAINLY, WITH EXPANDING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

FORM NO. 10.

City of Columbia.