

(1) PLACE OF BIRTH
 County of Florence
 Township of Carroll's Woods
 Inc. Town of
 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

No. 40270
 Registration District No. 2006 Registered No. 24
 (For use of Local Registrar)

(2) Full Name of Child J. E. Muldrow
 (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD B (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at birth Yes (7) DATE OF BIRTH Dec 10 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Ed Muldrow
 (9) PRESENT RESIDENCE OF FATHER Furrowsville
 (10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 28
 (Year) (12) BIRTHPLACE Sumter Co.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (15) NAME BEFORE MARRIAGE Verneth Kirby
 (16) PRESENT RESIDENCE OF MOTHER Furrowsville
 (17) COLOR OR RACE B (18) AGE AT LAST BIRTHDAY 19
 (Year) (19) BIRTHPLACE Sumter Co.
 (20) OCCUPATION Domestic
 (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 Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Watson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lyndburg Rd

Given name added from a supplemental report
 (26) Witness Mr. J. H. Key
 (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Dec 15 1923 (28) Mr. J. H. Key
 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired or submitted before the fifth month of pregnancy.