

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN, No. 1. THIS OFFICIAL, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Cherokee
 or
 Township of Cherokee
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

(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
814

Registration District No. 1206 Registered No. 1
 (For use of Local Registrar)

(2) Full Name of Child Mellie Kullage If child is not yet named, make supplemental report as directed

(1) SEX—OF GIRL ☒ (2) Twin or Triplet (3) Number in order of birth 1 (4) Age Parents Married ☒ (5) DATE OF BIRTH Jan 9, 1922
 (To be answered only in event of Twins or Triplets) (Time of Month) (Day) (Year)

FATHER		MOTHER	
(6) FULL NAME <u>James Harrison Kullage</u>	(14) NAME BEFORE MARRIAGE <u>Charles Arant</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Jackson</u>	(17) PRESENT POSTOFFICE OF MOTHER <u>Jackson</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE <u>SB</u>	(13) OCCUPATION <u>Farming</u>	(18) BIRTHPLACE <u>SB</u>	(19) OCCUPATION <u>house wife</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness J. H. Harrison (Signature of witness necessary only when question 24 is signed by mark)

(27) Filed 1/10/22 (28) Local Registrar J. H. Harrison

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.