

## (1) PLACE OF BIRTH

County of Marion  
 Township of Peaves  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

29306

Registration District No. 3705Registered No. 82  
 (For use of Local Registrar)

City of ..... 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

Boy 4) Twin or Triplet? ..... 5) Number in order of birth .....  
 To be answered only in case of Twins or Triplets

6) Are Parent Married? Yes7) DATE OF BIRTH July 29, 1913  
 (Name of Month) (Day) (Year)

MOTHER

FATHER Lucy Roberts(14) NAME BEFORE MARRIAGE Maggie Hamilton8) PRESENT POSTOFFICE OF FATHER Mullins(15) PRESENT POSTOFFICE OF MOTHER Mullins9) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 52 (Years)(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 37 (Years)7) BIRTHPLACE Marion Co.(18) BIRTHPLACE Marion Co.1) OCCUPATION Farmer(19) OCCUPATION Housewife3) Number of children born to mother, including present birth 10(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:20 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lennie Crawford(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Mullins S.C.

When name noted from a supplemental report

(26) Witness A. M. Shuffler

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

(27) Filed 8/4/13

(28)

Local Registrar

NOTE: The new mother or pregnant

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