

(1) PLACE OF BIRTH

County of Marion

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 44107Township of Mullinsor Inc. Town of MullinsCity of MullinsRegistration District No. 3rdRegistered No. 59
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joseph Caldwell Daniel

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

(3) SEX Boy (4) Type or Name To be reported only in case of Twins or Triplets (5) Number by order of birth 1st (6) Date of Birth Dec. 17 (7) Year 1913
(Month of Birth) (Day) (Year)

FATHER

(8) Full Name Mullins Mary Daniel(9) Present Postoffice of Father Mullins S P(10) Color of Hair W (11) Age at Last Birthday 42(12) Birthplace Marion Co.(13) Occupation Farmer

MOTHER

(14) Name before Marriage Eva Beck(15) Present Postoffice of Mother Mullins S P(16) Color of Hair W (17) Age at Last Birthday 38(18) Birthplace Darlington Co.(19) Occupation House wife(20) Number of children born to mother, including present one 9 (21) Number of children of this mother now living, including present one 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was B. Stone at 1 A. M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Paul S. Martin(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Mullins S P

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 22 1914 H. M. Mullins

*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 of stillborns before the fifth month of pregnancy.

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