

FORM NO. 1.

(1) PLACE OF BIRTH

County of Charleston
Township of Lauderdale

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No. — For State Registrar Only
45764Inc. Town of Registration District No. 1465 Registered No. 90
(For use of Local Registrar)
City of (No. 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. Louise Mcmullen { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? Yes (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 15 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Chas McMullen(9) PRESENT POSTOFFICE OF FATHER Fort Lauderdale(10) COLOR OR RACE Ben (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Charleston(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Elberta Conner(15) PRESENT POSTOFFICE OF MOTHER Fort Lauderdale(16) COLOR OR RACE Ben (17) AGE AT LAST BIRTHDAY 13 (Years)(18) BIRTHPLACE Charleston(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chas McMullen(24) State whether Physician or Midwife (25) Address of Physician or Midwife Fort Lauderdale

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness J. M. Madden (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 4/12/15 191..... (28) J. M. Madden Local Registrar.

*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.

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.

McCaw, of Columbia.