

FORM NO. 1.

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Lauderdale  
 or  
 Inc. Town of .....  
 or  
 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

File No. For State Registrar Only  
45764

Registration District No. 1465 Registered No. 90  
 (For use of Local Registrar)

(2) Full Name of Child Louise Mcmullen { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?  Girl  Boy  
 (4) Twin or Triplet?  Yes  No  
To be answered only in event of Twins or Triplets  
 (5) Number in order of birth 1  
 (6) Are Parents Married?  Yes  No  
 (7) DATE OF BIRTH Jan 15 1915  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Chas McMullen

(9) PRESENT POSTOFFICE OF FATHER Forkland S.C.

(10) COLOR OR RACE Ben (11) AGE AT LAST BIRTHDAY 29  
(Years)

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Elveta Cousa

(15) PRESENT POSTOFFICE OF MOTHER Thaun S.C.

(16) COLOR OR RACE Ben (17) AGE AT LAST BIRTHDAY 13  
(Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION ✓

(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

Forkland

Given name added from a supplemental report

191.....

Registrar

(26) Witness J. M. J. J. J.

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

(37) Filed 4/12/15 191..... (38) J. M. J. J. J. Local Registrar.

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.

\*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.