

## (1) PLACE OF BIRTH

County of Pickens

Township of .....

or  
Inc. Town of .....or  
City of Asheley

(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

16326

Registration District No. 27-2Registered No. 70

(For use of Local Registrar)

St.; ..... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets.

(6) Are Parents Married? yes

(7) DATE OF BIRTH

May 18 1917  
(Name of Month) (Day) (Year)

(8) FULL NAME

William F. Mullinix

(9) PRESENT POSTOFFICE OF FATHER

Asheley(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY

35  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

sewer work

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

6

(14) NAME BEFORE MARRIAGE

MOTHER

Malmer Whitmore

(15) PRESENT POSTOFFICE OF MOTHER

Asheley(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY

34  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(20) Number of children of this mother now living, including present birth

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:30 a M. on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Asheley

Given name added from a supplemental report

191

(26) Witness

(Signature of Witness necessary only when question 23 is signed "Stillborn")

(27) Filed

June 1 1917

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