

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>C. Chesterfield</u>		STATE OF SOUTH CAROLINA		3422	
Township of <u>Chest. Home</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No.		Registered No. <u>16</u>	
(No. St.; Ward)		(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 <u>Eddie Mulloy</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Jan 29 1923</u>	
To be answered only in case of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Max</u>	(14) NAME BEFORE MARRIAGE <u>Miss Mulloy</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Max</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Chesterfield</u>				
(10) COLOR OR RACE <u>Cal</u>	(16) COLOR OR RACE <u>Cal</u>				
(11) AGE AT LAST BIRTHDAY (Year) <u>42</u>	(17) AGE AT LAST BIRTHDAY (Year) <u>42</u>				
(12) BIRTHPLACE <u>Chesterfield</u>	(18) BIRTHPLACE <u>Chesterfield</u>				
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>				
(20) Number of children born to mother, including present birth <u>114</u>	(21) Number of children of this mother now living, including present birth <u>114</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was at 9:10 M., on the date above stated.					
(23) (Signature) <u>D. G. Kelly</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Chesterfield</u>					
Given name added from a supplemental report		(26) Witnesses (Signature of Witness necessary only when question 23 is signed by mark)			
.....		(27) Filed <u>Feb 19 1923</u> (28) <u>M. S. Water</u> Local Registrar.			
..... 19					
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.					
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