

(1) PLACE OF BIRTH

County of Marion

Township of

or
Inc. Town of Mullus

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Use

41675

Registration District No.

Registered No.
(For use of Local Registrar)

(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 Agatha Venus (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD MALE	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age of Child Newborn	(7) DATE OF BIRTH Oct 20, 1923 (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Shute Venus(9) PRESENT RESIDENCE OF FATHER Mullus S.C.(10) COLOR Col (11) AGE AT LAST BIRTHDAY 19
(Year)(12) BIRTHPLACE Mullus S.C.(13) OCCUPATION Bushelmer(14) Number of children born to mother, including present birth 11

MOTHER.

(15) NAME BEFORE MARRIAGE Helma Griffin(16) PRESENT RESIDENCE OF MOTHER Fairbluff N.C.(17) COLOR Col (18) AGE AT LAST BIRTHDAY 17
(Year)(19) BIRTHPLACE Fairbluff N.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P.M. on the date above stated. (Born alive or stillborn. (Date of M. or P. M.))(23) (Signature) M. M. Conley(24) State whether Physician or Midwife (25) Address of Physician or Midwife Mullus S.C.

Given name added from a supplemental report

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

(27) Filed 11/28/23 (28) M. M. Conley
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.

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