

(1) PLACE OF BIRTH

County of GreenvilleTownship of Dates

Inc. Town of

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

17777

Registration District No. 2201 Registered No. 33

(For use of Local Registrar)

2) Full Name of Child Frederic E. Mullinax

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

(1) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 22, 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ferry Walter Mullinax(9) PRESENT POSTOFFICE OF FATHER Traveler's Rest, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49 (Years)(12) BIRTHPLACE Greenville(13) OCCUPATION Mechanic(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Hester Rice(15) PRESENT POSTOFFICE OF MOTHER Traveler's Rest, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Transylvania, N.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was A. live, at 8:10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. J. Gooden, M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Transylvania, N.C.

Given name added from a supplemental report

Sept. 18, 23Frederic E. Mullinax

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

(27) Filed June 30, 1923 (28) Dr. Stouch 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 5th month of pregnancy.

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