

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of Charleston

(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 2nd quarter July

3103

Registration District No. 9 ARegistered No. 1697

(For use of local Registrar)

Ward

(2) Full Name of Child Curtis Coleman Mullins If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE BIRTH <u>Nov 1 23</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Chalmus Leroy Mullins</u>			(14) NAME BEFORE MARRIAGE <u>Ellen Armstrong</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston, S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Jessup, Ga.</u>			(18) BIRTHPLACE <u>Jessup, S.C.</u>	
(13) OCCUPATION <u>Carpenter</u>			(19) OCCUPATION <u>Wife</u>	
(20) Number of children born to mother, including present birth <u>Three</u>			(21) Number of children of this mother now living, including present birth <u>Three</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 7⁴⁵ P.M. on the date above stated.
(born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. P. Wilson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Charleston S.C.

Given name added from a supplemental report

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

(27) Filed 101 103 105

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.

Form 100, of Columbia, S.C., No. 1, THE OTHER, No. 2, etc., in question 1.