

(1) PLACE OF BIRTH

County of CherokeeTownship of Reaveror
Inc. Town of.....or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

27141

Registration District No. 3705Registered No. 5-9
(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 Champion 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> To be answered only in event of Twins or Triplets	5 Number in order of birth <u>1</u>	6 Are Parents Married? <u>Yes</u>	7 DATE OF BIRTH <u>June 7, 1922</u> (Name of Month) (Day) (Year)
---------------------------	---	-------------------------------------	-----------------------------------	---

FATHER

8 FULL NAME Ben Mullins

9 PRESENT POSTOFFICE OF FATHER Mullins

10 COLOR OR RACE B

11 AGE AT LAST BIRTHDAY 40
(Years)

12 BIRTHPLACE Cherokee Co.

13 OCCUPATION Farmer

20 Number of children born to mother, including present birth 12

MOTHER

14 NAME BEFORE MARRIAGE Alice Wilson

15 PRESENT POSTOFFICE OF MOTHER Mullins

16 COLOR OR RACE B

17 AGE AT LAST BIRTHDAY 25
(Years)

18 BIRTHPLACE Marion Co.

19 OCCUPATION Housewife

21 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Owens(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Mullins St.

Given name added from a supplemental report

(26) Witness A. M. Schaffer
(Signature of Witness necessary only when question 23 is signed by 23-2)(27) Filed June 7, 1922 (28) A. M. Schaffer 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.