

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the PAGE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Orange
Township of Sevaca
or
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

19005

Registration District No. 3504 Registered No. 1100
(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 Katherine Mulla

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

3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6/28/22
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Tom Mulla
9) PRESENT POSTOFFICE OF FATHER Newry SC
10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 45 (Years)
12) BIRTHPLACE SC
13) OCCUPATION mill op
20) Number of children born to mother, including present birth 7

MOTHER.

14) NAME BEFORE MARRIAGE Carrie Mulla
15) PRESENT POSTOFFICE OF MOTHER Newry SC
16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)
18) BIRTHPLACE SC
19) OCCUPATION House wife
21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Mulla
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Newry SC

Given name added from a supplemental report

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

(27) Filed 7/1/22 (28) W. H. Mulla 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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