

(1) PLACE OF BIRTH

County of Orange
 Township of Wagner
 Inc. Town of
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar Only
22041

Registration District No. 3.1.0.0 Registered No. 8.3
 (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 Jessie Preston Mulligan If child is not yet named, make supplemental report as directed

(3) SEX OR Boy (4) Type Full (5) Number in 1 (6) Age 0 (7) DATE OF BIRTH July 4, 1923
 To be reported only in case of Twin or Triplets (Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME J. Preston Mulligan
 (9) PRESENT POSTOFFICE OF FATHER Wallalla R.T.H.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37
 (12) BIRTHPLACE Anderson Co. S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Agnes Cox
 (15) PRESENT POSTOFFICE OF MOTHER Wallalla S.C.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34
 (18) BIRTHPLACE Anderson Co. S.C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Month or P. M.)
 on the date above stated.

(22) (Signature) R. F. Sloan M.D. (23) Address of Physician or Midwife Wallalla S.C.
 (24) State whether Physician or Midwife Physician

(Given name added from a supplemental report)

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

(26) Aug 8, 1923 (27) R. A. Miller 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.