

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town ofor
City of Columbia

(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

Registration District No. 28

File No.—For State Registrar Only

5077

Registered No.

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Willie Muffin Jr

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>2/6/23</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME Willie Muffin Jr(9) PRESENT POSTOFFICE OF FATHER Columbia R 7 4(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE Long Branch SC(13) OCCUPATION Cornor Lord(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Muts(15) PRESENT POSTOFFICE OF MOTHER Columbia R 7 4(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Year)(18) BIRTHPLACE Farm field SC(19) OCCUPATION House Keeping for father(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Celia Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 15 1923 My. C. Brown Dep. Reg.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.