

(1) PLACE OF BIRTH

County of Kingston
 Township of Craigmore
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4503

Registration District No. 2105 Registered No.
 (For use of Local Registrar)

(2) Full Name of Child Hattie Muller

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 Feb 3 19 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Muller
 (9) PRESENT POSTOFFICE OF FATHER Brookings
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Year)
 (12) BIRTHPLACE Brookings
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Minerva Hall
 (15) PRESENT POSTOFFICE OF MOTHER Brookings
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Year)
 (18) BIRTHPLACE Brookings
 (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1
 (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 at 11 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William Muller

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 tal report

Hattie Muller
 19

Registrar

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

(27) Filed 7/2 19 23 (28) J. C. Lybrand
 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.

REASON IN REMARKS: SEE FILED. WHEN PLACED IN FILE, PLACED IN A PERMANENT POSITION. IF CHILD IS NOT YET NAMED, MAKE SUPPLEMENTAL REPORT AS DIRECTED. No. 1. THE OTHER, No. 2. See in question 1.