

Form No. 1

## (1) PLACE OF BIRTH

County of CherokeeTownship of Lawrence

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Register Only

9867

Registration District No. 1100 Registered No. 511

(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 Corra May Mc Muller If child is not yet named, make supplemental report as directed

(1) SEX OR CHILD <u>Girl</u>	(4) Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yw</u>	(7) DATE OF BIRTH <u>May 11, 1925</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME <u>Corra May Mc Muller</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Year)
(9) PRESENT POSTOFFICE OF FATHER <u>Catawba S.C.</u>	
(10) COLOR OR RACE <u>Caucasian</u>	
(12) BIRTHPLACE <u>Lawrence S.C.</u>	
(13) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>5</u>	

## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Mahaley Night</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Year)
(15) PRESENT POSTOFFICE OF MOTHER <u>Catawba S.C.</u>	
(16) COLOR OR RACE <u>Colored</u>	
(18) BIRTHPLACE <u>East Lawrence S.C.</u>	
(19) OCCUPATION <u>help on Farmer</u>	
(21) Number of children of this mother now living, including present birth <u>5</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Benjamin F. Dyer

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife East Lawrence S.C.

Given name added from a supplemental report

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

(27) Dated April 7, 1925 (28) B. H. Dyer 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.