

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town 64City 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

File No.—For State Registrar Only
16474Registration District No. 38 Registered No. 1397

(For use of Local Registrar)

(No. 2307 Lincoln ST St.; Ward)(2) Full Name of Child Condit Maxwell Munson .. { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? g (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH 5 5 1922
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ed M. Munson(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Electrician(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Edith Johnson(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE GA(19) OCCUPATION —(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4¹⁵ A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Johnson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia

Given name added from a supplemental report

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

(27) Filed 6-10-1922 (28) (29)
Registrar Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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