

(1) PLACE OF BIRTH

County of Richland

Township of .....

or Inc. Town 61 .....

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

File No.—For State Registrar Only

16474

Registration District No. 38 Registered No. 1397

(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

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bill Munson

(9) PRESENT POSTOFFICE OF FATHER Calas

(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 Calas

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Ga

(19) OCCUPATION —

(21) 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 4:15 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. D. Johnson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Calas

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) 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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