

(1) PLACE OF BIRTH

County of Colleton
 Township of Proctor
 or
 Inc. Town of.....
 or
 City of

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

File No.—For State Registrar Only
18274

Registration District No. 409 Registered No. 53
 (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

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

3 BOY OR GIRL <u>Boy</u>	4 Twin or Triplet? <u>X</u> To be answered only in event of Twins or Triplets	5 Number in order of birth <u>2</u>	6 Are Parents Married? <u>yes</u>	7 DATE OF BIRTH <u>June 19</u> 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME <u>William Geiger Muller</u>			14 NAME BEFORE MARRIAGE <u>Sophia Copeland</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Chickadee S.C.</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Chickadee S.C.</u>	
10 COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>61</u> (Years)	16 COLOR OR RACE <u>White</u>		
12 BIRTHPLACE <u>La</u>		(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)		
13 OCCUPATION <u>Farmer</u>			18 BIRTHPLACE <u>Bamberg Co. S.C.</u>	
19 OCCUPATION <u>Housewife</u>			20 BIRTHPLACE	
21 Number of children born to mother, including present birth <u>2</u>			22 Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10.9 A.M. on the date above stated.
 (Born alive or stillborn Hour * M. or P. M.)

(23) (Signature) D. E. Copeland M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Chickadee S.C.

Given name added from a supplemental report

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

(27) Filed June 20 19 22 (28) W. D. Kinard
 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.

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.