

(1) PLACE OF BIRTH

County of Saluda

Township of H

or  
Inc. Town of

or  
City of

(If birth occur in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Nathaniel Munnick

File No.—For State Registrar Only  
**32053**

CERTIFICATE OF BIRTH

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

Registration District No. 3503 Registered No. 87  
(For use of Local Registrar)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 4, 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Bennie Munnick  
(9) PRESENT POSTOFFICE OF FATHER Saluda S.C.  
(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 35  
(Years)  
(12) BIRTHPLACE Saluda S.C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 4

MOTHER.  
(14) NAME BEFORE MARRIAGE Charlatta Munnick  
(15) PRESENT POSTOFFICE OF MOTHER Saluda S.C.  
(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 28  
(Years)  
(18) BIRTHPLACE Saluda S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Allie Daniel  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Saluda 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 Sept. 4, 1922 (28) J. B. Lennick  
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.