

MARGIN RESERVED FOR FILING.  
WHEN PLACED IN A PERMANENT RECORD, WRITE PLAINLY, WITH SPACES, THE NAME, SEX, AGE, RACE, DATE OF BIRTH, AND MARK THE MIDDLE OF COLUMBIA, COLUMBIA, S. C.  
N. B.—In case of TWINS OR TRIPLETS, add a SUPPLEMENTAL REPORT, No. 2, etc., in question 6 FIRST-BORN, No. 1, THE OTHER, No. 2, etc.

(1) PLACE OF BIRTH

County of Horry  
Township of Deep Sea  
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

15341

Registration District No. W.C. Registered No. 42  
(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>✓</u> To be answered only in case of Twins or Triplets	5. Number in order of birth <u>✓</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>May 11 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>Calvin Muel</u>	14. NAME BEFORE MARRIAGE <u>Abbie Ruder</u>			
9. PRESENT POSTOFFICE OF FATHER <u>Deep Sea, SC</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Deep Sea, SC</u>			
10. COLOR OR RACE <u>W.</u>	11. AGE AT LAST BIRTHDAY <u>30</u> (Years)	16. COLOR OR RACE <u>W.</u>	17. AGE AT LAST BIRTHDAY <u>26</u> (Years)	
12. BIRTHPLACE <u>County, SC</u>	18. BIRTHPLACE <u>Horry County, SC</u>			
13. OCCUPATION <u>Farming</u>	19. OCCUPATION <u>Housewife</u>			
20. Number of children born to mother, including present birth <u>5</u>	21. Number of children of this mother now living, including present birth <u>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Thomas

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife House

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 15 1922

(28)

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.

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