

Form No 1.

## (1) PLACE OF BIRTH

County of *Cherokee*Township of *Mt Croghan*or  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and municipality)

(2) Full Name of Child *Julia Mungo*(3) BOY OR  
GIRL? *girl*(4) Twin  
or Triplet?(5) Number in  
order of birth

To be answered only in case of Twin or Triplet

(6) Are  
Parents  
Married? *Yes*(7) DATE OF  
BIRTH *Feb 11*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME *Tom Mungo*(9) PRESENT  
POSTOFFICE  
OF FATHER *Mt Croghan S.C.*(10) COLOR  
OR  
RACE *Negro*(11) AGE AT LAST  
BIRTHDAY *34*  
(Years)(12) BIRTHPLACE *Jefferson S.C.*(13) OCCUPATION *Farmer*(14) Number of children born to  
mother, including present birth{ ..... *5* .....

## MOTHER.

(14) NAME BEFORE  
MARRIAGE *Eliza Pate*(15) PRESENT  
POSTOFFICE  
OF MOTHER *Mt Croghan S.C.*(16) COLOR  
OR  
RACE *Negro*(17) AGE AT LAST  
BIRTHDAY *24*  
(Years)(18) BIRTHPLACE *Jefferson S.C.*(19) OCCUPATION *Housewife*(20) Number of children of this mother  
now living, including present birth{ ..... *5* .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at .....  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. H. Anderson*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Mt Croghan S.C.*Given name added from a supplement-  
tal report.*James G. Mungo* 1914.*Ed. Miller**Ed. Miller*(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed *Feb. 11* 1914. (28) *J. P. Rivers*  
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.

MARGIN RESERVED FOR RECORDING.  
WHEN PLACED, WITH THE ADJUTANT, THIS IS A PERMANENT RECORD.  
IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 2.  
State of Columbia.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registration

48602

Registration District No. *12.16* Registered No. *22*

(For use of Local Registrar)

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

(Name of Month) (Day) (Year)

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