

Form No. 1

(1) PLACE OF BIRTH

County of ChristchurchTownship of Landsfordor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41574

Registration District No. 112 Registered No. 47
(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 Wanda Katelyn Mueller If child is not yet named, make supplemental report as directed

J) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 17 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME John T. Mueller
 9) PRESENT POSTOFFICE OF FATHER Lestawha S.C.
 (10) COLOR OR RACE Lebanese (11) AGE AT LAST BIRTHDAY 39 (Years)
 (12) BIRTHPLACE Landsford S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza Clifton
 (15) PRESENT POSTOFFICE OF MOTHER Lestawha S.C.
 (16) COLOR OR RACE Lebanese (17) AGE AT LAST BIRTHDAY 33 (Years)
 (18) BIRTHPLACE Landsford S.C.
 (19) OCCUPATION Help on Farmer
 (21) Number of children of this mother now living, including present birth 33

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:00 a.m. on the date above stated. (Born alive or stillborn) (Hour—A.M. or P.M.)(23) (Signature) Physician
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 5 1923 R. H. Fidler 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.

REGISTRAR OF COLUMBIA, COLUMBIA, S. C.