

(1) PLACE OF BIRTH

County of *Orangeburg*Township of *Union*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *3616*Registered No. *77*
(For use of Local Registrar)

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

(2) Full Name of Child *Myrtle Alberta Muegler*

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

(3) BOY OR GIRL *Girl* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Sex *Female* (7) DATE OF BIRTH *Oct 3 - 22*
(Name of Month) (Day) (Year)FATHER
(8) FULL NAME *Samuel Muegler*
(9) PRESENT POSTOFFICE OF FATHER *Cope SC R.F.D*
(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *38* (Year)
(12) BIRTHPLACE *Georgetown SC*
(13) OCCUPATION *Farmer*
(20) Number of children born to mother, including present birth *Three*MOTHER
(14) NAME BEFORE MARRIAGE *Bertha Johnson*
(15) PRESENT POSTOFFICE OF MOTHER *Cope SC R.D*
(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *38* (Year)
(18) BIRTHPLACE *Orangeburg Co*
(19) OCCUPATION *Housewife*
(21) Number of children of this mother now living, including present birth *One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* (Born alive or stillborn) at *4:30 P.M.* on the date above stated.(23) (Signature) *Dr. J. H. Harrison*(24) Name and Address of Mother *Myrtle Muegler Cope SC R.F.D*(25) Address of Physician or Midwife *AK Muegler*

Given name added from a supplementary report

Witness

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

Oct 7 - 22(26) *AK Muegler*
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 is to be reported as born. No report is desired of stillbirths.