

Form No. 1.

## (1) PLACE OF BIRTH

County of LaurensTownship of Sullivanor  
Inc. Town of .....or  
City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

46718

Registration District No. 2908 Registered No. 08  
(For use of Local Registrar)(2) Full Name of Child Preston Muncil

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

(3) BOY OR  
GIRL? Boy(4) Twin  
or Triplet?(5) Number in  
order of birth

To be answered only in case of Twins or Triplets

(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTH Jan 15, 1914  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEHenry Muncil(9) PRESENT  
POSTOFFICE  
OF FATHERWare Shoals SC(10) COLOR  
OR  
RACEcol(11) AGE AT LAST  
BIRTHDAY 24  
(Years)

(12) BIRTHPLACE

Laurens SC

(13) OCCUPATION

Farming(20) Number of children born to  
mother, including present birth1

## MOTHER.

(14) NAME BEFORE  
MARRIAGEWm. M. Stuart(15) PRESENT  
POSTOFFICE  
OF MOTHERWare Shoals SC(16) COLOR  
OR  
RACEcol(17) AGE AT LAST  
BIRTHDAY 18  
(Years)

(18) BIRTHPLACE

Abbeville SC

(19) OCCUPATION

Farming(21) Number of children of this mother  
now living, including present birth1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 11:30 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charles C. Muncil

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

mid. wifeWare ShoalsGiven name added from a supplement  
report

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Registrar

(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Jan 22 1914 (28) Wm. T. Sullivan  
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 BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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 5.

McCall of Columbia.