

(1) PLACE OF BIRTH

County of Marion

Township of

or
In Town of Harlevilleor
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

No. — For State Registrar Only

44528

Registration District No. 17.0.3 Registered No. 19
(For use of Local Registrar)(2) Full Name of Child W.C. Munday (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet <input checked="" type="checkbox"/>	(5) Number in order of birth <u>12</u>	(6) Age of Father <u>30</u>	(7) DATE OF BIRTH <u>Dec 2 1924</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>W.C. Munday</u>			(14) NAME BEFORE MARRIAGE <u>Maggie Keaton</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Harleville SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Same</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>12</u>			(21) Number of children of this mother now living, including present birth <u>12</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(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 March 28 1924 (28) Miss Betty H. Herring
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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