

(1) PLACE OF BIRTH

County of McCormick
 Township of Polk
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

35442

Registration District No. 4500 Registered No. 87
 (For use of Local Registrar)

(2) Full Name of Child

Liller

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

(3) ~~Boy or~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 28, 1902
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Mung(9) PRESENT POSTOFFICE OF FATHER McCormick(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 31
 (Year)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Benson

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 39
 (Year)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. G. Chambliss(24) State whether Physician or Midwife (25) Address of Physician or Midwife Polk

Given name added from a supplement-
 al report

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

(27) W. G. Chambliss 10 22 02 B. D. Mathison
 Registrar 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.