

## (1) PLACE OF BIRTH

County of Fairfield  
 Township of 12  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17582

Registration District No. 14 Registered No. 21  
 (For use of Local Registrar)

(No. .... 84.) ..... Ward)

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

## (2) Full Name of Child

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

3. BOY OR GIRL B 4. Twin or Triplet 11 5. Number in order of birth 11 6. Are Parents Married Yes 7. DATE OF BIRTH June 12 1918  
 To be answered only in case of Twins or Triplets (Month) (Day) (Year)

## FATHER.

8. FULL NAME John M. Muth  
 9. PRESENT POSTOFFICE OF FATHER Shotton  
 10. COLOR OR RACE 13 11. AGE AT LAST BIRTHDAY 40  
 12. BIRTHPLACE Sc  
 13. OCCUPATION Farmer

## MOTHER.

14. NAME BEFORE MARRIAGE Olga M. Muth  
 15. PRESENT POSTOFFICE OF MOTHER Shotton  
 16. COLOR OR RACE 13 17. AGE AT LAST BIRTHDAY 38  
 18. BIRTHPLACE Sc  
 19. OCCUPATION Wife

20. Number of children born to mother, including present birth 11 21. Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) A. S. Muth (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Shotton

Given name added from a supplemental report

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

(27) Filed 20 June 1918 (28) C. S. Muth 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.

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