

(1) PLACE OF BIRTH

County of Franklin  
Township of W  
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. .... St. .... 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 Y 7. DATE OF BIRTH June 12 1918  
(Month) (Day) (Year)

FATHER.

MOTHER.

8. FULL NAME John Muth  
9. PRESENT POSTOFFICE OF FATHER Strotter  
10. COLOR OR RACE B 11. AGE AT LAST BIRTHDAY 40  
(Year)  
12. BIRTHPLACE Sc  
13. OCCUPATION Farmer  
14. Number of children born to mother, including present birth 11

14. NAME BEFORE MARRIAGE Ola Wood  
15. PRESENT POSTOFFICE OF MOTHER Strotter  
16. COLOR OR RACE B 17. AGE AT LAST BIRTHDAY 38  
(Year)  
18. BIRTHPLACE Sc  
19. OCCUPATION Wife  
20. Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) A. Sheriff (23) Address of Physician or Midwife Strotter  
(24) State whether Physician or Midwife

Given name added from a supplemental report  
19. Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(26) Filed 20 June 1918 (27) C. S. Ball 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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