(1) PLACE OF BIRTH

County of Jasper

Township of

Inc. Town of

or City of

CERTIFICATE OF BIRTH

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

File No. 44005

Registration District No. 96.00 Registered No. 11 (For use of local Registrar)

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

(3) SEX OF CHILD?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
boy			yes	June 14 23 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. A. Munch

(9) PRESENT POSTOFFICE OF FATHER Ridgeland

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 13

MOTHER

(14) NAME BEFORE MARRIAGE Emily E. Maigneur

(15) PRESENT POSTOFFICE OF MOTHER Ridgeland

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 40 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was Alive at 3 A. M. (born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(22) (Signature) M.D. Rogers

(23) Address of Physician Ridgeland, S.C.

(24) State whether Physician or Midwife

Given name added from a supplemental report

....., 191....

Registrar

(25) Witness ..... (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed ....., 191.... (27) ..... 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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