

(1) PLACE OF BIRTH

County of Dillon
Township of Hillstonor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

17421

Registration District No. 1683 Registered No. 62
(For use of Local Registrar)(No. Ward)
(If birth occurs in a hospital or other institution, give name of same and number.)(2) Full Name of Child Margaret Vivian Muller
If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1st</u>	(6) Age Parents Married <u>48</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>June 28 1923</u>
FATHER			MOTHER	
(8) FULL NAME <u>Charlie Muller</u>	(14) NAME BEFORE MARRIAGE <u>Beth Brausey</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Wichok SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Nicholas SC</u>	
(10) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY (Year) <u>31</u>	(16) COLOR OR RACE <u>white</u>	(18) AGE AT LAST BIRTHDAY (Year) <u>28</u>	
(11) BIRTHPLACE <u>Dillon Co SC</u>		(19) BIRTHPLACE <u>Henry Co SC</u>		
(12) OCCUPATION <u>Farmer</u>		(20) OCCUPATION <u>Housewife</u>		
(21) Number of children born to mother, including present birth <u>Five</u>		(22) Number of children of this mother now living, including present birth <u>Five</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was ...
(on the date above stated.) (Born alive or stillborn) (How many hours after birth)(24) (Signature) N. E. Lester M.D.
(25) State South Carolina Physician or Midwife (26) Address of Physician or Midwife
Spartanburg SC

Give name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 23 is signed by mother)
W. H. Hayes(28) Filed 7-2-23 (29) 17 (30) 17

When there was no attending physician or midwife, then the father, householder, etc. should make the report. No report is desired of stillbirths if a child breathes even once, it must not be reported as stillborn. before the fifth month of pregnancy.