

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 3163 - For State Registrar Only

3163

Registration District No. 9 ARegistered No. 241

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Mary Muffler

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

(3) SEX OR

Girl

(4) Type

or Triplet

To be answered only in case of Twins or Triplets

(5) Number

of Birth

(6) Is

Premature

Yes

(7) DATE

BIRTH

July 18th 23

(Month of Birth) (Day) (Year)

FATHER

(8) FULL

NAME

George Joseph Muffler

(9) PRESENT

POSTOFFICE

OF FATHER

Charleston S.C.

(10) COLOR

OR

RACE

White

(11) AGE AT LAST

BIRTHDAY

32

(Year)

(12) BIRTHPLACE

Charleston, S.C.

(13) OCCUPATION

Carpenter

MOTHER

(14) NAME BEFORE

MARRIAGE

Mary Ellen Doran

(15) PRESENT

POSTOFFICE

OF MOTHER

Charleston S.C.

(16) COLOR

OR

RACE

White

(17) AGE AT LAST

BIRTHDAY

31

(Year)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Housewife

(20) Number of children born to

mother, including present birth

4

(21) Number of children of this mother

now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

109 Dorset St.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is answered "stillborn")

Wm. H. D.

(27) Filed

2/23 220

(28) Local Registrar

When made, this certificate should be filed with the father, householder, etc., should make this return. If a child is stillborn, it must be reported as stillborn before the sixth month of pregnancy.

WRITE PLAINLY. WITH UNFADING INK—USE A PERMANENT MATERIAL.
 IN NO CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 4