

(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

File No.—For State Register Only

3172

251

Registration District No. 9 A

Registered No.

(For use of Local Registrar)

2) Full Name of Child Gussie M. Mungie

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

Is to be answered only in event of twins or triplets

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Feb. 22, 1927

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Peter M. Mungie

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

Sumner Island S.C.

(13) OCCUPATION

Seaman

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Betty Jackson

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

29

(Years)

(18) BIRTHPLACE

Sumner Island S.C.

(19) OCCUPATION

Housewife

(20) 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 alive on the date above stated.

(Born alive or stillborn) (Hour) (M.) (P. M.)

(23) (Signature) W. M. Mungie

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Reaper Hospital

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed

Feb. 22, 1927

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.