

## File No.—For State Registrar Only

County of Alameda  
Township of San Felipe  
or  
Inc. Town of .....

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

42030

City of ..... (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 Muhammad Wasinghly If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>—</i>	(5) Number in order of birth <i>—</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Dec 11 1922</i>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

**FATHER**

(8) FULL NAME John W. Winkler

(3) PRESENT POSTOFFICE OF FATHER: Quincy, Mass.

(10) COLOR OR RACE *ca* (11) AGE AT LAST BIRTHDAY *33* *(Yr)*

(12) BIRTHPLACE

(13) OCCUPATION \_\_\_\_\_

(20) Number of children born to \_\_\_\_\_

mother, including present birth: 12

**CERTIFICATE OF ATTENDING**

**MOTHER**

(10) NAME BEFORE MARRIAGE Cassie Muldrow

(18) PRESENT POSTOFFICE OF MOTHER *1200 E. 1st St -*

(18) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 30

(18) BIRTHPLACE \_\_\_\_\_

(15) OCCUPATION \_\_\_\_\_

ac - house

PHYSICIAN OR MIDWIFE\*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was Olivia at 3:15 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(26) Signature Rachel V. Harris  
(24) State, whether Physician or Midwife (25) Address of Physician or Midwife

10-1-1941

Given name added from a supplement  
bill report

(307) Witness .....  
(Signature of Witness necessary only  
when question 22 is signed by male)

10-26-27 (25) *[Signature]*  
Local Registrar.

When there are no children in the household, the father, householder, etc., should make this report. If a child is born, even posthumously, the father or householder should report it. No report is desired of stillbirths occurring after the fourth month of pregnancy.