

## (1) PLACE OF BIRTH

County of Dorchester

Township of .....

or  
Inc. Town of Lewer

or

City of .....

(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

Registration District No. 1404

File No.—For State Registrar Only

17374Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child William Muns

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

(3) SEX OR ONLY <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 6 1923</u> (Month of Month) (Day) (Year)
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## FATHER.

(8) FULL  
NAME Priestley & Minnie(9) PRESENT  
POSTOFFICE  
OF FATHER Lewer SC(10) COLOR  
OR  
RACE White (11) AGE AT LAST  
BIRTHDAY 38 (Year)(12) BIRTHPLACE Lewer SC(13) OCCUPATION Mail Carrier

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Zada Mixon(15) PRESENT  
POSTOFFICE  
OF MOTHER Lewer SC(16) COLOR  
OR  
RACE White (17) AGE AT LAST  
BIRTHDAY 36 (Year)(18) BIRTHPLACE Hartsville SC(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth	<u>4</u>	(21) Number of children of this mother now living, including present birth	<u>4</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A. M.  
on the date above stated. (If born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ed. B. Boykin

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-  
al report(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed July 16 1923 (28) R. J. Chaplin  
Registrar 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.