

## (1) PLACE OF BIRTH

County of AndersonTownship of Durham

Inc. Town of .....

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

File No.—For State Registrar Only

33085

Registration District No. 309 Registered No. 78

(For use of Local Registrar)

2) Full Name of Child Tan Arnel Mundock { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Sept. 24 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Carl Mundock

(9) PRESENT POSTOFFICE OF FATHER

Horsea Path S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

24 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

{ one }

## MOTHER.

(14) NAME BEFORE MARRIAGE

Emmie Fisk

(15) PRESENT POSTOFFICE OF MOTHER

Horsea Path S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

20 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(20) Number of children of this mother now living, including present birth

{ one }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. H. [illegible]

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

Horsea Path S.C.

Given name added from a supplemental report

101....

101....

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 11 22 101.... (28) E. H. [illegible]

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.

MCC

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WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
McNaw, of Columbia.