

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

Caw. of Columbia.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
40533

(1) PLACE OF BIRTH

County of Abbeville Co.Township of Dee Westor
Inc. Town ofor
City of

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

Registration District No. 104Registered No. 83
(For use of Local Registrar)(2) Full Name of Child Murrell Margaret Kay

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

(3) BOY OR GIRL Girl(4) Twin or triplet? No(5) Number in order of birth 1

To be answered only in event of twins or triplets

(6) Age Parents Married 10(7) DATE OF BIRTH 12-24-21

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ernest Robert Kay(9) PRESENT POSTOFFICE OF FATHER Dee West S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Abbeville Co.(13) OCCUPATION Gasoline Pumping Station Operator(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Beile Brumby(15) PRESENT POSTOFFICE OF MOTHER Dee West S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Abbeville Co.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife Med. New York S.C.

Given name added from a supplemental report

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

(27) Filed Jan 10 1923 (28) J. P. Williams 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.

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