

MARGIN RESERVED FOR BINDING.  
 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.

(1) PLACE OF BIRTH

County of Washington  
 Township of Sample Creek  
 or  
 Inc. Town of.....  
 or  
 City of.....

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

File No.—For State Registrar Only  
1008

Registration District No. 13-1-1. Registered No. 3  
 (For use of Local Registrar)

(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 Jeffrey Murray Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 25, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jeffrey Murray  
 (9) PRESENT POSTOFFICE OF FATHER Washington R.  
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 30 (Year)  
 (12) BIRTHPLACE Washington Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Willisley  
 (15) PRESENT POSTOFFICE OF MOTHER Washington R.  
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 27 (Year)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:40 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. B. Berry (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Washington R.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Feb. 1, 1922 (28) E. C. Emery 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.