

(1) PLACE OF BIRTH

County of Oconee
 Township of Harriet
 or
 Inc. Town of Salem
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

43893

Registration District No. 3502 Registered No. 108
 (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 Murrell Tolley (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet Single (5) Number and order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 23, 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Cristopher Tolley
 (9) PRESENT POSTOFFICE OF FATHER Salem Ga.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Salem S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Lola Hudson
 (15) PRESENT POSTOFFICE OF MOTHER Salem S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Oconee Co S.C.
 (19) OCCUPATION House Wife
 (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 7 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. F. Hudson (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed for birth)

(27) Filed Jan 1 1923 (28) _____ 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.