

Form No. 1

(1) PLACE OF BIRTH

County of Taunfuched
 Township of
 or
 Inc. Town of No. 2.....
 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

File No.—For State Registrar Only

30055

Registration District No. 194... Registered No. 676...
 (For use of Local Registrar)

(2) Full Name of Child John Murre 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 Sept 22 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Murre
 (9) PRESENT POSTOFFICE OF FATHER Woodward
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21.....
 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Coleman
 (15) PRESENT POSTOFFICE OF MOTHER Woodward
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20.....
 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Farmer hand

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Calvin... at... 3 A. M....
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elija Foster
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Woodward 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 Sept 6 1922 (28) W. R. Blaylock 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.

THIS FORM IS TO BE USED IN CASES 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.

MOHAM OF COLUMBIA, COLUMBIA, S. C.