

W.R. McCaw of Columbia  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Greenville

Township of Oak Lawn

or  
Inc. Town of

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

43084

Registration District No. 2-2

Registered No. 77

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child John Murrell

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

Dec 2

(Name of Month) (Day) (Year)

(8) FULL NAME

Major Curren

(9) PRESENT POSTOFFICE OF FATHER

Pelzer

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

25

(Years)

(12) BIRTHPLACE

Greenville County

(13) OCCUPATION

Farmer

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. K. S. S. S.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Pelzer

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed

Dec

101

(28)

W. A. R.

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.

Registrar

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