

## (1) PLACE OF BIRTH

County of Winchester

Township of .....

or  
Inc. Town of Summersvilleor  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18409

Registration District No. 17ARegistered No. 73  
(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

Boyd Murray

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? —(5) Number in order of birth —(6) Are Parents Married? Yes

(7) DATE OF BIRTH

June 15 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

L. Ford Murray

(9) PRESENT POSTOFFICE OF FATHER

Summersville, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

43  
(Years)

(12) BIRTHPLACE

Winchester, W. Va.

(13) OCCUPATION

Farmer

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

nine

## MOTHER.

(14) NAME BEFORE MARRIAGE

Sophronia Wright

(15) PRESENT POSTOFFICE OF MOTHER

Summersville, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

38  
(Years)

(18) BIRTHPLACE

Winchester, W. Va.

(19) OCCUPATION

housewife

(21) Number of children of this mother now living, including present birth

seven

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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 by (mark))

(27) Filed

June 24 1922

(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.