

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of

Leicester 35

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

21474-a

Township of

or

Inc. Town of

or

City of

Registration District No. *11-a*

Registered No.

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2. Full Name of Child *Rebecca M. Murphy*

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

3. BOY OR GIRL

4. Twin or Triplet? *X*

5. Number in order of birth *2*

6. Are Parents Married? *yes*

7. DATE OF BIRTH

July 4 19*22*
(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplets

FATHER

8. FULL NAME

C. R. Murphy

9. PRESENT POSTOFFICE OF FATHER

West Falls 30

10. COLOR OR RACE

W

11. AGE AT LAST BIRTHDAY *28*
(Years)

12. BIRTHPLACE

13. OCCUPATION

Electrician

20. Number of children born to mother, including present birth {

MOTHER

14. NAME BEFORE MARRIAGE

Janie Roberson

15. PRESENT POSTOFFICE OF MOTHER

West Falls 30

16. COLOR OR RACE

W

17. AGE AT LAST BIRTHDAY *26*
(Years)

18. BIRTHPLACE

Rudgeway 29

19. OCCUPATION

Domestic

21. Number of children of this mother now living, 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 *M* on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature *J. J. Jones MD*

24. State whether Physician or Midwife

Address of Physician or Midwife

West Falls 30

Given name added from a supplemental report

26. Witness

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

19. Registrar

27. Filed

19.

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.