

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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FILE No.—For State Registrar Only

County of

Leicester 35

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

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

1922

(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 35

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 35

16. COLOR OR RACE

W

17. AGE AT LAST BIRTHDAY

26

(Years)

18. BIRTHPLACE

Ridgeway 35

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

24. State whether Physician or Midwife

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

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.