

(1) PLACE OF BIRTH

County of Oraugueburg
 Township of Waples
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
19763

Registration District No. 3.6.8

Registered No. 43.....
 (For use of Local Registrar)

City of (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 Clarence Murray {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>August 19, 1932</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Edward Murray

(9) PRESENT POSTOFFICE OF FATHER Vance, S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Wright

(15) PRESENT POSTOFFICE OF MOTHER Vance, S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Betsy Fuller
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Vance, S.C.

Given name added from a supplemental report

(26) Witness A. C. Dauter
 (Signature of Witness necessary only when question 23 is signed "mark")
James 13 32 (27) File 13 32 (28) W. A. Dauter 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.

U.S. B.—In case 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.