

12-15-44

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U. S. Dept. of Commerce  
Bureau of the Census

## 1. PLACE OF BIRTH

County of Orangeburg  
Township of \_\_\_\_\_  
or  
Inc. Town of Vance  
or  
City of \_\_\_\_\_Standard Certificate of Birth  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health  
Registration District No. 3618FILE No.—For State Registrar Only  
**00796**Registered No. \_\_\_\_\_  
(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

Blanche Murray

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

3. Boy or Girl <u>Girl</u>	If Plural births	4. Twins, triplets or other.....	6. Premature .....	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>June 6</u> 19 <u>22</u> (Month, day, year)
9. Full name <u>Edd. Murray</u>	FATHER		18. Name before marriage <u>Sarah Wright</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>Vance, S.C.</u>	11. Color or race <u>Black</u> at child's birth... <u>3.5</u> ... (years)		19. Residence (mailing address) (If non-resident, give place and State) <u>Vance, S.C.</u>		
13. Birthplace (city or place) (State or country) <u>Orangeburg, S.C.</u>	14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... <u>farm</u>		20. Color or race <u>black</u> 21. Age at child's birth... <u>3.0</u> ... (years)		
15. Industry or business in which work done, as silk mill, sawmill, bank, etc..... <u>farm</u>	16. Date (month and year) last engaged in this work		22. Birthplace (city or place) (State or country) <u>Vance, S.C.</u>		
17. Total time (years) spent in this work	18. Name before marriage		23. Trade, profession, or particular kind of work done, as house- keeper, typist, nurse, clerk, etc..... <u>House Keeper</u>		
19. ....	19. ....		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc..... <u>Home</u>		
20. ....	20. ....		25. Date (month and year) last engaged in this work		
21. ....	21. ....		26. Total time (years) spent in this work		
22. ....	22. ....		27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living... <u>6</u> ... (b) Born alive but now dead..... (c) Stillborn .....		
23. ....	23. ....		28. If stillborn, period of gestation..... months weeks		
24. ....	24. ....		29. Cause of stillbirth .....		
25. ....	25. ....		Before labor .....		
26. ....	26. ....		During labor .....		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 8 A.m. on the date above stated.{ When there was no attending physician  
or midwife, then the father, householder  
etc., should make this return.Given name added from  
a supplementary report \_\_\_\_\_  
(Date of) \_\_\_\_\_

Registrar.

(Signed) Sarah Murray, Parent  
or \_\_\_\_\_ Guardian  
Address Rt. 1, Box 69 Vance, S.C.  
Filed Jan 11, 19 45 L.A. Riser, M.D.  
Registrar. p

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)