

## (1) PLACE OF BIRTH

County of KershawTownship of Pickalo

Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Department

41141

Registration District No. 2701Registered No. 120

(For use of Local Registrar)

(2) Full Name of Child Betty Blondell Murrell

(3) SEX OF CHILD

GIRL

(4) Twin or triplet?

No

(5) Number in order of birth

1

(6) Age at birth

Newborn

(7) DATE OF BIRTH

Dec 22 23

(Month of Birth) (Day) (Year)

(8) FULL NAME OF FATHER

Henry Ellis Murrell

(9) PRESENT RESIDENCE OF FATHER

Cane Run

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

41

(Years)

(12) BIRTHPLACE

Kershaw Co

(13) OCCUPATION

Dept Co Chain Gang

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

15

(14) NAME BEFORE MARRIAGE

Isaac Hagood Debra

(15) PRESENT RESIDENCE OF MOTHER

Cane Run

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

Kershaw Co

(19) OCCUPATION

House wife

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

15

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) W. D. C. Cason(23) (Address of Physician or Midwife) Cane Run

Given and added from a supplemental report

3/4/46

101

H. P. L. L. L.

Registrar

(24) Witness (Signature of Witness necessary only when question 21 is signed by mother)

H. P. L. L. L.(25) (Address of Witness) Cane Run

\*When there was no attending physician or midwife, then the father, householder, etc., should make a statement as to whether or not a child breathes even once. It must not be reported as stillborn. No report is desired of children born before the fifth month of pregnancy.

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