

3) PLACE OF BIRTH

County of Florence
 Township of Effingham
 or
 In Town of

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

Registration District No. 2004

No. 3851 - For State Registrar

Registered No. 8
 (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 Thomas Murre If child is not yet named, make supplemental report as directed

(1) SEX OR GENDER <u>Male</u>	(4) Type or Form <u>Is in accordance with one of Type or Form</u>	(3) Number in order of birth	(5) Age at birth <u>4</u>	(6) DATE OF BIRTH <u>Feb 13 1923</u> (Month) (Day) (Year)
FATHER (11) FULL NAME <u>Charles Murre</u>			MOTHER (12) NAME BEFORE MARRIAGE <u>Sarah Thomas</u>	
(13) PRESENT RESIDENCE OF FATHER <u>Effingham S.C.</u>			(14) PRESENT RESIDENCE OF MOTHER <u>Effingham S.C.</u>	
(15) COLOR OR RACE <u>White</u>	(16) AGE AT LAST BIRTHDAY (Year)	(17) COLOR OR RACE <u>White</u>	(18) AGE AT LAST BIRTHDAY (Year)	
(19) BIRTHPLACE <u>Effingham S.C.</u>			(20) BIRTHPLACE <u>Effingham S.C.</u>	
(21) OCCUPATION <u>Manager</u>			(22) OCCUPATION <u>Housewife</u>	
(23) Number of children born to mother, including present birth <u>Seven 7</u>			(24) Number of children of this mother now living, including present birth <u>Seven 7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(26) (Signature) Midwife Leonard S.C.

(27) State whether Physician or Midwife

(28) Address of Physician or Midwife Effingham S.C.

Give name added from a supplemental report

(29) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(30) Date Feb 24 1923 (31) L. C. Hill 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.

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