

(1) PLACE OF BIRTH.

County of CalhounTownship of Lyonsor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24992

Registration District No. 802Registered No. 86

(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 Janice Murphy

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

3. BOY OR GIRL
Girl4. Twin or Triplet?
To be answered only in event of Twins or Triplets5. Number in order of birth
.....6. Are Parents Married?
Yes

7. DATE OF BIRTH

Aug 5, 22
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

John Murphy

9. PRESENT POSTOFFICE OF FATHER

Cameron, S.C.

10. COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

40
(Years)

12. BIRTHPLACE

Calhoun Co

13. OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Bertha Preston

(15) PRESENT POSTOFFICE OF MOTHER

Cameron, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

31
(Years)

(18) BIRTHPLACE

Calhoun Co

(19) OCCUPATION

Housewife

20. Number of children born to mother, including present birth

2

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

.....

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Cameron, S.C.

Give name added from a supplemental report

(26) Witness

Mrs. Kelle
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Aug 10, 1922

(28)

W. F. Kelle
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.