

(1) PLACE OF BIRTH

County of SumterTownship of Magesvilleor Inc. Town of Magesvilleor City of Magesville

(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

Registration District No. 4102

File No.—For State Registrar Only

43070Registered No. 91

(For use of Local Registrar)

(2) Full Name of Child

Murray Isaac(3) SEX Boy (4) Twin or Triplet X (5) Number in order of birth 1 (6) Are Twin or Triplet No (7) DATE Oct 31 23

BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(15) NAME OF MOTHER Ellie Isaac(16) PRESENT POSTOFFICE OF MOTHER Magesville SC(17) COLOR OR RACE Col (18) AGE AT LAST BIRTHDAY 21 (Years)(19) BIRTHPLACE SC(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) (How A. M. or P. M.)(23) (Signature) Bitter Alexander(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Magesville SC

Given name added from a supplemental report

19

Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by birth)

(27) Filed Nov 3 23 (28) 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.—In case of TWINS OR TRIPLETS, No. 1. THE OTHER, No. 2, etc., in question 1. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Bureau of Columbia, California, U. S.