(1) PLACE OF BIRTH

County of [illegible]

Township of [illegible]

or

Inc. Town of .....

or

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

Registration District No. 4103

File No.—For State Registrar Only: 40180

Registered No. 64

(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Eugene Murray

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy			Yes	Sept 10 19 2 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME: Joe Murray	(14) NAME BEFORE MARRIAGE: Irene Moore
(9) PRESENT POSTOFFICE OF FATHER: Whitefield	(15) PRESENT POSTOFFICE OF MOTHER: Whitefield
(10) COLOR OR RACE: Col (11) AGE AT LAST BIRTHDAY: 27 (Years)	(16) COLOR OR RACE: Col (17) AGE AT LAST BIRTHDAY: 27 (Years)
(12) BIRTHPLACE: SC	(18) BIRTHPLACE: SC
(13) OCCUPATION: Farm hand	(19) OCCUPATION: Domestic
(20) Number of children born to mother, including present birth: 2	(21) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 6:30 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [illegible]

(24) State whether Physician or Midwife [illegible] (25) Address of Physician or Midwife [illegible]

Given name added from a supplemental report

..... 19 ....

Registrar

(26) Witness [illegible]

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

(27) Filed Sept 24 19 2 (28) [illegible]

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.

BOSCH OF COLUMBIA, COLUMBIA, S. C.