

## (1) PLACE OF BIRTH

County of CherokeeTownship of CherokeeInc. Town or Blacksburg

City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

671

Registration District No. 1000 Registered No. 5  
(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 Julia Harper McMurry

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

(3) BOY OR GIRL Girl <sup>5</sup> Twin or Triplet? No  
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(8) Are Parents Married? Yes(10) DATE OF BIRTH Jan. 25, 1922  
(Name of Month) (Day) (Year)

## FATHER

(6) FULL NAME Joseph Harper McMurry(9) PRESENT POSTOFFICE OF FATHER Blacksburg, S.C.  
Cherokee Co., S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35  
(Years)(12) BIRTHPLACE Chester Co., S. C.(13) OCCUPATION Cashier Bank.(20) Number of children born to mother, including present birth: One (1)

## MOTHER

(14) NAME BEFORE MARRIAGE Annie Lee Patterson(15) PRESENT POSTOFFICE OF MOTHER Blacksburg, S.C.  
Cherokee Co., S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27  
(Years)(18) BIRTHPLACE Mocklenburg Co., N. C.(19) OCCUPATION Housewife.(21) Number of children of this mother now living, including present birth: One (1)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8:30 AM.  
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) J. L. Ladd(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Blacksburg, S. C.

(Given name added from a supplemental report)

(26) Witness \_\_\_\_\_  
(Signature of Witness necessary only when question 23 is signed by mother)(27) Filed Jan 30, 1922 (28) Local Registrar Jos. H. Roberts

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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MAKES REPORT FOR BIRTH. VITAL PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the first-born, No. 1. THE OTHER, No. 2, etc., in question 5.