

Form No. 3

(1) PLACE OF BIRTH

County of CalhounTownship of WendellOR
Inc. Town ofOR
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

File No.—For State Registrar Only

33921

Registration District No. 1408 Registered No. 28
(For use of Local Registrar)

(2) Full Name of Child

Mary Nell Murray

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept. 1, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Rosco Murray

(9) PRESENT POSTOFFICE OF FATHER

Attalus SC

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

21
(Year)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farming

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Classic Burman

(15) PRESENT POSTOFFICE OF MOTHER

Attalus SC

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

20
(Year)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

(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 alive at 2 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mary Nell Murray

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Attalus SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

11/101922(28) Mrs. P. M. P. P. P.

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

MARGIN RESERVED FOR BINDING.

WRITE MAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, S. C.